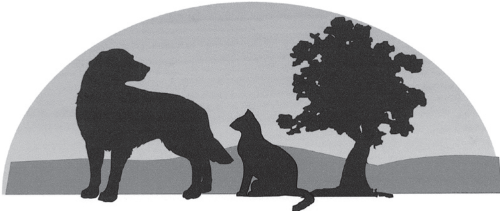

AnRus Veterinary Clinic, Inc.

604 N. STATE / FREEBURG, IL 62243 / (618) 539-3444

Welcome!

Client Information

Date: _________________ Social Security #: __________________ Cell Phone: (_____) ____________________

Name (Last Name First): ____

Spouse (Last Name First): ____

Address: _________________ City/State/Zip: __________________ Home Phone: (_____) __________________

Employer: ____ Work Phone: (_____) __________________

Employer's Address: ____

Emergency Contact Name: __________________________________ Phone: (_____) ________________________

How Did You Learn About Our Practice?: ____

If Recommended, by Whom?: ____

Number of Pets (Please Specify by Type): ____

Primary Reason for Visit: ____

Pet Information

Pet's Name: ________________ ☐ Dog ☐ Cat ☐ Other _________ Sex: ☐ M ☐ F Age: ____ Birthdate: _______

Neutered/Spayed: ☐ Yes ☐ No At What Age?: ________ Color: ________________ Breed: ________________

What Age Was Pet Obtained?: _____ From: ☐ Friend ☐ Breeder ☐ Pet Shop ☐ Humane Society ☐ Other ______

Reason for Obtaining Pet (Check All That Apply): ☐ Companion ☐ Protection ☐ Breeding ☐ Show

Other: ____________ Describe Your Pet's Diet ____

List Your Pet's Current Medication: ____

Please Check Any Symptoms You've Noticed in Your Pet:

☐ Appetite Loss	☐ Depression	☐ Gums Bleeding	☐ Scratching	☐ Urination Increase
☐ Behavior Changes	☐ Diarrhea	☐ Limping	☐ Shaking Head	☐ Vomiting
☐ Breathing Problems	☐ Eye Disorder	☐ Loss of Balance	☐ Sneezing	☐ Weakness
☐ Coughing	☐ Gagging	☐ Scooting	☐ Thirst	☐ Other ______________

Pet's History (Check All That Pet Has Received):

☐ Distemper (Dog) ☐ Parvovirus (Dog) ☐ Rabies (Dog/Cat) ☐ Feline Leukemia Test ☐ FVRCP (Distemper Cat)

☐ Dental ☐ Prior Surgery ________________ ☐ Prior Illness ________________ ☐ Other ________________

Authorization:
I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered. In the event my account becomes delinquent, I will be responsible for all interest charges and collection fees.

Signature of Client Responsible for Pets: _________________________________ Date: ______________________

CONFIDENTIAL