Welcome!

AnRus Veterinary Clinic, Inc.

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

Client Information

Date: _____

Name: _____ Cell Phone: (____) _____

Spouse: _____ Cell Phone: (____) _____

Home Address: _____

Preferred E-Mail: _____ Home Phone: (____) _____

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. I give permission for imaging and audio recording for purposes of medical records.

Signature of Client Responsible for Pets: _____ Date: _____

CONFIDENTIAL