



# Heritage Acres Veterinary Services

Please fill out as much information that you can. Thank you

Your name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient Information	Pet #1	Pet #2
Pet(s) Name		
Species:	Dog          Cat	Dog          Cat
Breed		
Color		
Date of Birth/Age		
Sex (Circle)	Female      Male Spayed      Neutered	Female      Male Spayed      Neutered
Previous Veterinary Clinic(s) you have used:		
May we contact them:	Yes          No	Yes          No
What is your pets reaction to new people?  Previous veterinary visits?	Good; Likes them Nervous Frightened by them Be careful, may bite Should muzzle Unpredictable Other:	Good; Likes them Nervous Frightened by them Be careful, may bite Should muzzle Unpredictable Other:
Is your pet on any medications at this time (including heartworm and flea medications)		
What is the name of the food you feed this pet? (brand name is okay)		
Has your pet ad any reactions to any medications or vaccinations? Please Specify		
Has your pet had any serious illness or surgeries? Please Specify		
Will you be traveling up north or to the west side of the state with your pet? Our of state? (list state(s))		
Where did you originally get this pet? (Shelter, breeder, stray, ect)		
This pet is mainly kept:	Inside    Outside    Both	Inside    Outside    Both
Are there any children in the home?		

*I hereby authorize Heritage Acres Veterinary Services to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand these charges will be paid at the time of services and that a deposit may be required for surgical treatment.*

Signature of Owner/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You for choosing Heritage Acres! "A Healthy Pet is a Happy Pet!"