



(828) 44 MYVET
(828) 446-9838
Melissa Zebley, DVM

Thank you for giving us the opportunity to care for an important member of your family. Please help us better meet your needs by taking a few minutes to completely fill out both sides of this information sheet. In order to better care for your pets, we ask that you update us as your information changes. We look forward to providing for your veterinary needs.

Owner Name _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Home Phone _____

SSN _____ Driver's License # _____ State Issued _____ DOB _____

Employer _____ Spouse/SO _____ SSN _____ Cell Phone _____

In case of Emergency, call _____ at Phone # _____ Relationship _____

Number of Pets: Dogs _____ Cats _____ Other _____

Name of previous/current veterinarian: _____

How did you learn of our service? Yellow Pages Internet Search Web Site Sign Ad in _____

Recommended by _____ Other _____

May we contact you via Email? Yes No May we contact you via text? Yes No

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in veterinary care and handling. I hereby authorize this practice to receive, prescribe for, treat and/or perform surgery as needed upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time such services are provided or future services will not be provided. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent.

Signature of Owner X _____ Date _____

* All client information is confidential, including Email addresses. Your information will not be released without your consent or sold.

Over ----->

Animal Medical History

Please complete information for all your pets - Thank You!	Pet	Pet	Pet
	#1	#2	#3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Heartworm Prevention Used			
Hours Spent Outside Each Day			
Please note the dates the following vaccines/tests were given.			
Vaccinations	Pet #1	Pet #2	Pet #3
DOGS:			
DA2LPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Rabies (note 1 yr or 3 yr)			
Other Vaccines - Please Specify			
CATS:			
FVRCP (Distemper/Upper Resp)			
FELV (Feline Leukemia)			
Rabies (note 1 yr or 3 yr)			
Other Vaccines - Please Specify			
Heartworm Test (Dogs)			
FELV Test or FIV Test ? (Cats)			
Fecal Test (Stool Exam for Worms)			
Last Deworming			
Dentistry (Approx Date Work was Done)			
Geriatric Health Screen			
Other Health Tests - Please specify			
Medical History - Prior Illness/Surgery:			

Thank You!