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**PATIENT AND CLIENT INFORMATION SHEET**

Thank you for giving At Home Veterinary Care the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

**Date:** \_\_\_\_\_ (mm/dd/yyyy)

**OWNER(S)**

Mr.  Dr.  Ms.  Mrs.

**SPOUSE**

Mr.  Dr.  Ms.  Mrs.

\_\_\_\_\_  
LAST FIRST INITIAL LAST FIRST INITIAL

**CHILDREN AT HOME:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP

**PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
BEST PHONE WORK PHONE ALTERNATE PHONE

**EMAIL:** \_\_\_\_\_ **ALT. EMAIL:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_  
EMPLOYER JOB TITLE

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP

**SPOUSE'S PLACE OF EMPLOYMENT:** \_\_\_\_\_  
EMPLOYER JOB TITLE

\*What is the best time to reach you at home? \_\_\_\_\_

\*If necessary, may we call you at work?  YES  NO

How did you become aware of our practice?

- Sign  Internet
- Other: \_\_\_\_\_  Personal Recommendation: Whom may we thank?

So that we are able to suit your individual needs- which do you feel most applies to you?

**Check one:**

- I feel that my pet is another member of our family.
- I feel that my pet is just a pet.

**Check one:**

- I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
- I want good medical care for my pet- but there is a limit to what I am able to have done.
- I want you to perform only the services that I request.

**Check one:**

- I want to learn as much as possible about pet health care. Please explain in detail what has been done for my pet, or what is needed.
- I would prefer you just summarize what has been done for my pet, or what is needed
- I want my pet healthy, but do not need to know what has been done.

**Check one:**

- I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined or treated.

PET INFORMATION (Please list all family pets.)

	Pet 1	Pet 2	Pet 3	Pet 4
<b>Name</b>				
<b>Species</b>				
<b>Breed</b>				
<b>Description</b>				
<b>Date of Birth</b>				
<b>Sex</b>				

How old was your pet when you acquired it? \_\_\_\_\_

How many hours is your pet outside each day? \_\_\_\_\_

Is your pet currently on a special diet or medication? \_\_\_\_\_

Any known drug allergies? \_\_\_\_\_

What prior illness or surgery should we know about? \_\_\_\_\_

Do you or any family member have any major health issues? \_\_\_\_\_

How long would you like your pet to live? \_\_\_\_\_

Would you like us to keep you informed about procedures and medications to improve the quality of your pet's life?

- Yes                       No

**Are any of the following a concern to you in your pet's behavior? Please check:**

- Excessive barking                       Biting Shedding                       Straying from home  
 House breaking                       Smell                       Problem's around children  
 Excessive itching/scratching                       Wetting/spraying in house                       Overly enthusiastic

Would you be interested in learning how to improve your pet's manners/behavior?                       Yes                       No

**All fees are due upon release of patient. Please indicate your choice of payment:**

- Cash                       Check                       MC/Visa

CLIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Again, thank you for giving us the opportunity to serve you!**