Walkersville Veterinary Clinic
10559 Glade Road
Walkersville, MD 21793
301.898.7676

Welcome to Our Clinic

CLIENT INFORMATION: (Please Print)

_____ _____
Name: First Middle Last Address

City:_____State:_____Zip Code:_____

Home Phone No:_____Cell Phone No:_____

e-mail address:_____

Driver's license provided: Yes_____ No_____

If client does not have a driver's license, need date of birth:_____
Month, Day, Year

PATIENT INFORMATION:

Patient's Name:_____ ( ) Dog ( ) Cat

Sex: ( ) Male-Neutered?_____ ( ) Female-Spayed?_____ Microchipped?_____

Date of Birth:_____or, if unknown, approximate age_____

Dog Breed:_____ color:_____

Cat Breed:_____/Short hair( );Medium hair( );Long hair( )color_____

Pet's vaccination/test history

Dog:		Cat:	
( ) Bordetella	( ) Lymes	( ) Distemper	( ) Rabies
( ) Distemper	( ) Rabies	( ) Leukemia	( ) Felv/Fiv
( ) Leptospirosis	( ) Heartworm/Lymes		
Other:_____		( ) Other_____	

Are your pet's shots up-to-date: ( ) No ( ) Yes
Has your pet had a dental procedure: ( ) No ( ) Yes
Has your pet had a prior surgery other than spay/neuter: ( ) No ( ) Yes
If yes, please describe_____
Has your pet had a prior illness: ( ) No ( ) Yes
If yes, please describe_____
List your pet's current medication:_____
Describe your pet's diet:_____

Please check reason for visit:

( ) Appetite loss	( ) Gagging	( ) Sneezing
( ) Behavioral problems	( ) Gums bleeding	( ) Thirst
( ) Breathing problems	( ) Limping	( ) Urination increase
( ) Coughing	( ) Loss of balance	( ) Vomiting
( ) Depression	( ) Scooting	( ) Weakness
( ) Diarrhea	( ) Scratching	( ) Other_____
( ) Eye disorders:_____	( ) Shaking head	( ) Other_____

( ) General check up ( ) Vaccination(s) ( ) Test(s)
( ) Consultation

AUTHORIZATION:

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s) assume responsibility for all charges incurred in the care of this patient. I understand that full payment for services is due at the time services are rendered.

_____ _____
Signature of client responsible for pet Date

For your convenience, we accept cash, check, Visa, Mastercard, Discover, American Express and Care Credit.

Thank you for choosing Walkersville Veterinary Clinic. We look forward to providing your pet's veterinary needs.

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