

Client and Patient Registration Form

Welcome to Partner Veterinary Internal Medicine! Thank you for giving us the opportunity to care for your beloved pet.

Client Details

Client's Name: (Mr./Mrs./Ms./Miss/Dr.) _____

Residential Address:

Telephone No.:(Home) _____ (Mobile) _____

(Office) _____(may we contact you at your office number? Y N)

Preferred method of communication: Call Text Email

Please circle the number that we should consider the primary number for contact

Alternate Contact : _____

Telephone No. : (Home) _____ (Mobile)_____

(Office) _____(may we contact you at your office number? Y N)

Email address(es): _____

Pet's Details

Pet's Name: _____ Microchip No. : _____

Species: Dog Cat Breed: _____ Color/markings: _____

Gender: Female Male Spayed/neutered? Y N

Behavior Warning: _____

Primary Veterinary Office: _____

Any Food / Drug Allergies. Prior or Current medical conditions / surgeries:

Do we have your permission to share pictures and stories of your pet on social media? Y N

How did you find out about us? _____

Initial visit questionnaire:

When did the problem first start? _____

Compare your pet's condition now to when the problem first started (size change for masses/
lymph nodes, pain level, etc.): _____

At what age was your pet spayed/neutered? _____

Has your pet ever been bred? _____

Was your pet adopted or purchased from a breeder? _____

If your pet was purchased, is breeder information available? _____

Does your family own any pets from the same breeder/bloodline (siblings, other)? _____

Other medical problems (ongoing care only): _____

Does your pet have a previous history of cancer? _____

*If yes, please list past diagnoses and dates) Current medications (include name, dose, route, and
frequency): _____

Any known allergies (food, medication, other)? _____

Current appetite level: _____

Current diet: _____

Current activity level: _____

Any vomiting or diarrhea? _____

*if yes please describe: _____

Any coughing, sneezing, or nasal discharge? _____

f yes please describe: _____

Any neurologic symptoms (ataxia, seizures, etc.)? _____

For dogs only:

What is your pet's heartworm status and is he/she currently on prevention? _____

*If yes, please state which preventive: _____

For cats only:

Has your pet been tested for feline leukemia and/or FIV? _____

*If yes, please state if positive or negative for each: _____