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Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in the form completely. Thank you!

Owner(s) _____ Driver License No. _____

Address _____

City _____ Zip _____

Home Phone _____ Cell _____ Email _____

Preferred Method of Contact Voice Text Email

How did you learn of our clinic? Facebook Referred _____
 Sign Other _____

Number of pets: Dogs _____ Cats _____

Name of Pet(s) _____ Dog Cat

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Please check (☑) any symptoms or problems that you have noticed about your pet

<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Lack of Appetite	<input type="checkbox"/> Sneezing
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Limping	<input type="checkbox"/> Thirst and/or Urination Increased
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scooting	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Scratching	<input type="checkbox"/> Weakness
<input type="checkbox"/> Eye Bulging or Bloodshot	<input type="checkbox"/> Seems Depressed	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gagging	<input type="checkbox"/> Shaking Head	

Current Medications _____

Describe your pet's diet _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release.

Signature of Owner _____ Date _____