



OSAGE REGIONAL VETERINARY CLINIC, LLC

## OSAGE REGIONAL VETERINARY CLINIC NEW CLIENT AND PATIENT FORM

We appreciate you taking time to complete this questionnaire. This will allow us to better serve you and your pet.

Your Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Home phone # \_\_\_\_\_

Spouse phone # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Your driver lic. # \_\_\_\_\_ Spouse driver lic. # \_\_\_\_\_

Were you referred to us? If so by whom \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Age/Birthday \_\_\_\_\_ Breed \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Neutered Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed Female

This pet was \_\_\_\_\_ Stray \_\_\_\_\_ Purchased \_\_\_\_\_ Adopted

Has your pet been seen by another veterinarian? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Do you have records from your previous vet? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Does your pet live indoors, outdoors or both? \_\_\_\_\_

Has your pet been vaccinated in the past year? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Does your pet have any previous health conditions or injuries? If so, please list

\_\_\_\_\_

\_\_\_\_\_

Has your pet ever had surgery other than elective spay or neuter? Please describe

\_\_\_\_\_

\_\_\_\_\_

**Add any addition pets on the back of this form**

Your Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Home phone # \_\_\_\_\_

Spouse phone # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Your driver lic. # \_\_\_\_\_ Spouse driver lic. # \_\_\_\_\_

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Do you have records from your previous vet? \_\_\_ Yes or \_\_\_ No

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Has your pet been vaccinated in the past year? \_\_\_ Yes or \_\_\_ No

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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_