



Moore Veterinary Care

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

### Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last Name First Name

Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Best Phone \_\_\_\_\_ (Home/Cell/Work) Phone \_\_\_\_\_ (Home/Cell/Work) Phone \_\_\_\_\_ (Home/Cell/Work)

Spouse/Co-Owner \_\_\_\_\_ Best Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Pet Information

Pet's Name \_\_\_\_\_ Age/Birthdate \_\_\_\_\_

dog  cat  other \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex:  Male  Female Spayed/Neutered?  No  Yes  At what Age? \_\_\_\_\_

Where did you obtain this pet?  Friend  Breeder  Pet Shop  Shelter  Other \_\_\_\_\_

At what age was the pet obtained? \_\_\_\_\_ Months/Years

Diet (Brand of pet food) \_\_\_\_\_ Protein (Chicken/Beef/Lamb/Fish) \_\_\_\_\_

Monthly Flea/Tick/Heartworm preventative? \_\_\_\_\_ At-home dental care? \_\_\_\_\_

Current on Vaccinations?

<input type="checkbox"/> DAPP (Distemper)	<input type="checkbox"/> Bordatella	<input type="checkbox"/> Rabies
<input type="checkbox"/> FeLV (Leukemia)	<input type="checkbox"/> FVRCP	<input type="checkbox"/> Rabies

Describe any prior:

Illness \_\_\_\_\_  Surgery \_\_\_\_\_

Reason for visit \_\_\_\_\_

### Payment

We will gladly prepare a written estimate of service fees if requested. All fees are due at the time services are rendered.

Preferred method of payment  cash  check  credit/debit  CareCredit  Insurance \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_