



# Niles Veterinary Clinic



*Thank you for giving us the opportunity to care for your pet. Please take a moment to fill out the following*

Owner's Name: \_\_\_\_\_ Name of Spouse/Additional Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

How did you find out about our practice: (Check any that apply. If you were referred by a current client, Tell us who so we can thank them!)

Which social media platforms do you use: (Check any that apply).  
 Facebook     Twitter     Pinterest     Instagram  
 Linkedin     Google Plus     Snapchat     Vine

Referred by: \_\_\_\_\_

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Yellow Pages        | <input type="checkbox"/> Location/Sign      | <input type="checkbox"/> Newspaper/Magazines | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Facebook/Twitter    | <input type="checkbox"/> Google/Internet    | <input type="checkbox"/> Radio/TV            | <input type="checkbox"/> Website     |
| <input type="checkbox"/> Cats Are People Too | <input type="checkbox"/> Local business/DVM | <input type="checkbox"/> Gift Certificate    | <input type="checkbox"/> AAHA        |

Pet's Name: \_\_\_\_\_ Species (Dog, cat, rabbit, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Special Markings: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Sex:  M  F Is your pet spayed/Neutered  Yes  No  Unsure

Previous Veterinarian, if any: \_\_\_\_\_

Current medications (Including supplements, heartworm preventatives, flea/tick preventatives): \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues or symptoms: \_\_\_\_\_

**\*\*\*If you have more than one pet, please enter their information on the back of this form\*\*\***

**(1) Photo Consent:** We love social media! Do we have your permission to share your pet(s) images and story on social media, our website and other forms of related media? Your name and personal information will Never be shared. Simply check below to authorize this:  
 Yes. I Authorize Niles Veterinary Clinic to share my pets photo & story.     No. I do not authorize this.

**(2) Treatment Consent:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due IN FULL at the time of service. I recognize that financial concerns should be discussed PRIOR to exam & treatment. The Niles Veterinary Clinic Staff is happy to provide estimates.

\*\*\*\* Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_\_





# Additional Pet(s)



Pet's Name: \_\_\_\_\_ Species (Dog, cat, rabbit, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Special Markings: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F Is your pet spayed/Neutered \_\_\_Yes \_\_\_No \_\_\_Unsure

Previous Veterinarian, if any: \_\_\_\_\_

Current medications (Including supplements, heartworm preventatives, and flea/tick preventatives): \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues or symptoms: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species (Dog, cat, rabbit, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Special Markings: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F Is your pet spayed/Neutered \_\_\_Yes \_\_\_No \_\_\_Unsure

Previous Veterinarian, if any: \_\_\_\_\_

Current medications (Including supplements, heartworm preventatives, and flea/tick preventatives): \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues or symptoms: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species (Dog, cat, rabbit, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Special Markings: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F Is your pet spayed/Neutered \_\_\_Yes \_\_\_No \_\_\_Unsure

Previous Veterinarian, if any: \_\_\_\_\_

Current medications (Including supplements, heartworm preventatives, and flea/tick preventatives): \_\_\_\_\_

Describe any known allergies: \_\_\_\_\_

Describe any known medical issues or symptoms: \_\_\_\_\_

