



Welcome to our clinic

Thank you for giving the Red Barn Veterinary Clinic an opportunity to care for your pet.
Please help us ensure the best care we can offer by completing this information sheet.

How Did You Hear About Us?

Personal Referral Location Internet Search

Would you like to receive a newsletter by email? Yes No Email _____

Client Information:

Date: ____/____/____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Social Security No. ____/____/____ Birth date: ____/____/____ Cell Phone: _____

Employer: _____ Work Phone: _____

Pet Health History:

Pet's Name: _____ Date of Birth: _____

Breed: _____ Color: _____

Sex: M F Neutered/Spayed: Y N Date: ____/____/____

Current Medications your pet is taking: _____

Vaccination History:

Has your pet been previously wormed? Y N

Canine Vaccines:

Feline Vaccines:

Distemper/Parvo combination Rabies Distemper combination Feline Leukemia

Kennel Cough Lymes Heartworm Rabies

Symptoms your pet is demonstrating:

Appetite Loss Diarrhea Thirst Breathing Problems Urination Increase Shaking Head

Scooting Scratching Vomiting Limping Sneezing Other: _____

Primary reason for visit: _____

Authorization:

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 the animal. **I also understand that all professional fees are due at the time services are rendered.**

Please Select Preferred Method of Payment: **(We do NOT accept checks!)**

Cash Credit Card (All major cards accepted) Debit Card Care Credit

Signature of responsible party: _____ Date ____/____/____

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.