

(please fill in the following for each pet)

PET INFORMATION	PET 1	PET 2	PET 3
NAME			
SPECIES: CAT, DOG, OTHER			
BREED			
COLOR			
DISTINCTIVE CHARACTERISTICS			
DATE OF BIRTH/AGE			
SEX			
SPAYED?/CASTRATION?			
ALLERGIES OR SPECIAL PROBLEMS			

Check One.

- (1) I feel that my pet is another member of our family.
 (2) I feel that my pet is just a pet.

Check One.

- (1) I want the best medical care available for my pet;
 please recommend anything that you feel is necessary for good health.
 (2) I want good medical care for my pet; please recommend anything
 that you feel is necessary for good health.
 (3) I want you to perform only the services that I request.

Check One.

- (1) I want to learn as much as I can about pet health care, please
 explain in detail what has been done for my pet or what is needed.
 (2) I would prefer you just summarize what has been done for my pet
 or what is needed.
 (3) I want my pet healthy, but don't need to know what has been done.

Check One.

- (1) I prefer to be present when my pet is examined and treated.
 (2) I would rather not see my pet examined and treated.

Are you interested in alternative/holistic treatment ideas for you pet?

Yes No

Is there anything else that you would like us to know about you or your pet(s)?
