

WALKERSVILLE
VETERINARY
C L I N I C



10559 Glade Road, Walkersville, MD 21793
301.898.7676

Welcome to Our Clinic!

CLIENT INFORMATION:

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone No: _____ Cell Phone No: _____

PATIENT INFORMATION:

Patient's Name: _____ Dog Cat
Sex: Male Neutered Female Spayed Microchipped
Date of Birth: _____ or, if unknown, approximate age _____
Dog Breed: _____ Color: _____
Cat Breed: _____ Color: _____
 Short hair Medium hair Long hair

Pet's Vaccination/Test History

Dog:

Bordetella Lymes
 Distemper Rabies
 Leptospirosis Heartworm/Lymes
 Other: _____

Cat:

Distemper Rabies
 Leukemia Felv/Fiv
 Other _____

Are your pet's shots up-to-date:
Has your pet had a dental procedure:

No Yes
 No Yes

Has your pet had a prior surgery other than spay/neuter: No Yes
If yes, please describe _____
Has your pet had a prior illness: No Yes
If yes, please describe _____
List your pet's current medication: _____
Describe your pet's diet: _____

Please check reason for visit:

- Appetite loss
 - Behavioral problems
 - Breathing problems
 - Coughing
 - Depression
 - Diarrhea
 - Eye disorders: _____
 - Gagging
 - Gums bleeding
 - Limping
 - Loss of balance
 - Scooting
 - Scratching
 - Shaking head
 - Sneezing
 - Thirst
 - Urination increase
 - Vomiting
 - Weakness
 - Other _____
 - Other _____
- General check-up Vaccination(s) Test(s) Consultation
-

(Name of previous Veterinarian or Clinic, address and telephone number if known)

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 this patient. I understand that full payment for services is due at the time services are rendered.

Signature of client responsible for pet

Date

*For your convenience, we accept cash, check, Visa, Mastercard, Discover,
American Express and Care Credit.*

Thank you for choosing Walkersville Veterinary Clinic. We look forward to providing your pet's veterinary needs.