



# WESTSIDE VETERINARY CLINIC



Dr. Patton, Dr. Brady, Dr. Jacobek and Staff  
Welcome You

*New Client Form (Please Print)*

**Thank you for giving us the opportunity to care for your pet(s).**  
Please complete the following so that we may become better acquainted.

Today's Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Spouse/Co-Owner \_\_\_\_\_  
(Please include people qualified to make medical decisions for your pets)

May we use, reuse, publish, and broadcast media of your pet? ( ) Yes ( ) No

Address \_\_\_\_\_

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

Where do you currently live? (check one) ☐ In Jefferson City Limits ☐ Out of Jefferson City Limits

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_ **-AND-** Soc. Sec.# \_\_\_\_\_  
(\* Photo Copy of Driver's License Required)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/Co-Owner Employer \_\_\_\_\_

Previous Veterinarian(s) where records can be obtained if necessary: \_\_\_\_\_

## **All Fees Are Due At The Time Services Are Rendered**

Please indicate available method(s) of payment:

( ) Cash ( ) Check ( ) Visa ( ) MasterCard ( ) Discover ( ) CareCredit

How did you become aware of our clinic?

( ) Drove By ( ) Clinic Website ( ) Internet Directory ( ) Radio Ad  
( ) Personal Recommendation ( ) Other: \_\_\_\_\_

If personal recommendation, whom may we thank? \_\_\_\_\_



# Patient History and Lifestyle Evaluation

## Consent

I understand that the purpose of this Patient History and Lifestyle Evaluation form is to recognize and assess risks in association with my pet(s) — particularly with regard to animal-borne diseases that may affect me or other household members. Further, I understand that I need NOT complete this form, nor need I answer all the questions to remain a client of this veterinary practice. This information will become part of my pet's medical record, will be treated as confidential, and will not be shared with any third parties. I hereby consent to the use of this form as described.

Your name (printed): \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Each Pet's Name	Dog or Cat	Age/DOB	Male/Female	Spayed/Neutered	Breed	Color

## Geographical History- Complete for all pets in household.

Does your pet have contact with outdoor wildlife? Yes ☐ No ☐

Where do you currently live? (check one) ☐ Rural ☐ Suburb ☐ City

Where else has this pet lived? \_\_\_\_\_

Do you vacation or travel with your pets? Yes ☐ No ☐

If yes, where have you taken your pet? \_\_\_\_\_

## Household Information

Our pet(s) is: ☐ Member of our family ☐ Child's pet ☐ Backyard pet

Are there other pets in the family? Yes ☐ No ☐

If yes, what kind of pets? (Include all species): \_\_\_\_\_

\_\_\_\_\_

What family members live in the household with the pet?

Number of infants and children (include ages): \_\_\_\_\_

Number of adults: \_\_\_\_\_ Seniors: \_\_\_\_\_

Are there any persons in the household who have an impaired immune system? (*This might make these people susceptible to some diseases of animals.*): Yes ☐ No ☐

Where does your pet sleep? (Be as specific as possible: Indoors or outdoors? Which room and location within the room? In a pet bed, which is located where?) \_\_\_\_\_

\_\_\_\_\_

## Access to the Outdoors and Contact with Other Dogs and Cats

Is your pet primarily indoors or outdoors? \_\_\_\_\_

When outdoors, which of these describes your pet's degree of freedom? (check one)

\_\_\_\_\_ Free to run and explore \_\_\_\_\_ Confined to an exercise pen

\_\_\_\_\_ Confined to the yard \_\_\_\_\_ Only allowed outdoors on a leash

Is your pet exposed to dogs and cats, other than your own, at any of these locations? (check as many as apply)

\_\_\_\_\_ Back yard \_\_\_\_\_ Dog Park \_\_\_\_\_ Grooming facility

\_\_\_\_\_ Dog or cat show \_\_\_\_\_ Boarding kennel \_\_\_\_\_ Obedience or agility trials

\_\_\_\_\_ Puppy or kitten obedience or socialization class

## Vaccination History

When and where did your pet last receive vaccinations? \_\_\_\_\_

Any injury or illness in past 30 days? Yes ☐ No ☐ (Describe) \_\_\_\_\_

Does the pet have a history of having seizures? Yes ☐ No ☐

Is the pet currently on any medications? Yes ☐ No ☐ (Describe) \_\_\_\_\_

Is the pet allergic to any drugs/medications? Yes ☐ No ☐ (List) \_\_\_\_\_

## Nutrition Information

What foods does your pet eat? \_\_\_\_\_

Do you have total control over what your pet eats? Yes ☐ No ☐

## Parasitology History

Do you ever see fleas on your pet? Yes ☐ No ☐

Do you use routine flea and tick control treatments? Yes ☐ No ☐

What specific products do you use? \_\_\_\_\_

Do you ever find ticks on your pet? Yes ☐ No ☐

Does your pet ever receive a heartworm preventive medication? Yes ☐ No ☐

If so, when did your pet last receive this medication? \_\_\_\_\_

When did your pet last have a heartworm test? \_\_\_\_\_

Does your pet ever receive an internal parasite preventive medication? Yes ☐ No ☐

If so, when did your pet last receive this medication? \_\_\_\_\_

When did your pet last have a fecal examination? \_\_\_\_\_

## Dental Care History

When did your pet last have a complete dental evaluation? \_\_\_\_\_

When, if ever, did your pet last have a professional teeth cleaning? \_\_\_\_\_

Do you brush your pet's teeth routinely? Yes ☐ No ☐ If yes, how often? \_\_\_\_\_