



# Mounds View Animal Hospital

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## NEW CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Spouse's Work # \_\_\_\_\_

Have you been here with other pets before?  Yes  No  
(PLEASE CIRCLE ONE OF THE ABOVE)

How did you choose our office?  Location/Drove by  Friend/Relative  Yellow Pages  Humane Society  Internet  Other  
(PLEASE CIRCLE ONE OF THE ABOVE)

Where did you find our phone number?  Mpls Yellow Pages  St. Paul Yellow Pages  Local Directory  Internet  Other  
(PLEASE CIRCLE ONE OF THE ABOVE)

If you were referred by someone, who may we thank? \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_ Species:  Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_  
(PLEASE CIRCLE ONE OF THE ABOVE) LAB, SIAMESE, ETC.

Color \_\_\_\_\_ Sex:  M  F  Neutered  Spayed \_\_\_\_\_  
(PLEASE CIRCLE ONE OF THE ABOVE)

Birth Date or Age \_\_\_\_\_ Cats: Declawed?  Yes  No \_\_\_\_\_ Does your cat go outside?  Yes  No  
(PLEASE CIRCLE ONE OF THE ABOVE) (PLEASE CIRCLE ONE OF THE ABOVE)

How long has it been since your pet last saw a veterinarian? \_\_\_\_\_

Has your animal ever had a bad veterinary experience? \_\_\_\_\_

Is your animal sensitive to touch in any part of the body? \_\_\_\_\_

Do you have any other pets in the household? (Please list) \_\_\_\_\_

\_\_\_\_\_

Does your pet have any known drug allergies? \_\_\_\_\_

Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia (cats) \_\_\_\_\_

What brand of pet food do you feed your pet? \_\_\_\_\_

Has your animal had care in any of the following areas?

<input type="checkbox"/> Dentistry	<input type="checkbox"/> Blood Test	<input type="checkbox"/> EKG	<input type="checkbox"/> Feline leukemia test
<input type="checkbox"/> Heartworm	<input type="checkbox"/> Fecal exam	<input type="checkbox"/> Seizures	<input type="checkbox"/> X-rays

What is the most important thing for us to know about you or your pet in order to serve you best? \_\_\_\_\_

\_\_\_\_\_

How much information do you want to be given about your pet's health?

- I want to have a full explanation of everything
- I want a brief explanation
- I just want to know if there's anything that I need to do

**PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED**

What method of payment do you prefer?

Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_