



# Mounds View Animal Hospital

Dr. Kevin Barcus, D.V.M.

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## NEW CLIENT INFORMATION

Name _____	Spouse/Partner _____
Home/Primary Phone # _____	Cell Phone # _____
Cell Phone # _____	Work Phone # _____
Work Phone # _____	Employer _____
Email _____	
Occupation _____	
Employer _____	

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

Have you been here with other pets before?  Yes  No

How did you choose our office?  Location/Drove by  Friend/Relative  Yellow Pages  Humane Society  Internet site \_\_\_\_\_

Where did you find our phone number?  Mpls / St. Paul Yellow Pages  Local Directory  Internet site \_\_\_\_\_

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

## PET INFORMATION

Pet's Name \_\_\_\_\_ Species:  Dog  Cat  Other Breed: \_\_\_\_\_

Color \_\_\_\_\_ Sex:  M  F  Neutered  Spayed

Birth Date or Age \_\_\_\_\_ Cats: Declawed?  Yes  No Does your cat go outside?  Yes  No

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 pet had any significant medical conditions? \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_