



Animal Clinic of Morris Plains
 3009 Route 10
 Morris Plains, New Jersey 07950
 973-366-3223



Pet Information

please complete for each pet

Pet's Name: _____

Pet Species: Dog Cat Small Mammal _____

Breed or Mix Breed: _____

Color: _____

Sex: Male Female Age or Birthdate: _____

Does your pet have an I.D. Microchip: Yes No

Neutered/Spayed: Yes No If yes, at what age: _____

Temperament: Outgoing/Social Neutral Shy Aggressive

Can you provide your pet's medical records? Yes No

Is your pet on heartworm prevention? Yes please specify No

Is your pet on flea/tick prevention? Yes please specify No

Does your pet have allergies? Yes please specify No

Has your pet ever had a dental cleaning? Yes No

Please list any prior illness or surgery:

Taking any special diets or medications:

TELL US WHAT CONCERNS YOU ABOUT YOUR PETS TODAY?

- | | | |
|------------------|---------------------|--------------------|
| Bad Breath | Diarrhea | House soiling |
| Coughing | Barking | Behavior changes |
| Ear Problems | Itching/scratching | Sores/wounds |
| Not Eating | Clawing/digging | Separation anxiety |
| Weight gain/loss | Lameness | Aggression |
| Vomiting | Problems getting up | |
| | Other | |

ASSESSING YOUR PET'S EXPOSURE RISK

How many hours a day does your pet spend outdoors? _____

Is your pet allowed to run free or come in contact with other animals? Yes No

Board, professionally groom or show your pet? Yes No

Take your pet hunting, swimming, hiking in areas with increased exposure to ticks, wildlife or access to rivers or streams? Yes No

Do you travel with your pet? Yes please specify No

CLIENT AND PATIENT INFORMATION

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. We look forward to working with you in maintaining your pet's health.

TO USE THIS DIGITAL FORM YOU FIRST
 MUST SAVE IT TO YOUR DESKTOP

Client Information

Owner Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Ph: _____ 2nd Ph: _____

Driver's License # (if you wish to pay by check): _____

Email Address: _____

Spouse or Co-Owner Contact Information

Name: _____

Cell Phone: _____

Email Address: _____

In case of emergency call : _____

Home Ph: _____ Other Ph: _____

Please tell us how you learned about us?

- Shelter/Rescue _____ Pet Store _____ Google
 Facebook _____ Angie's List _____ Phone Book _____ Saw Sign _____ Yelp
 Bing _____ Friend/Neighbor _____

Referral Name – Who may we thank for this referral?

FINANCIAL POLICY: ANIMAL CLINIC OF MORRIS PLAINS

requires payment in full for at the time of service. As legal owner or responsible agent of the above animal(s), I certify that I have read and agree to this financial policy. I hereby assume financial responsibility for all services rendered.

We accept the following: Cash, Check, Debit, VISA, MC, Disc, AMEX, CareCredit

Signature owner/agent: _____

Date: _____

Thank You!

Client Services

We are pleased to offer a wide range of pet health and client services. Please tell us your areas of interest.

- | | | |
|------------------------|-----------------|---------------|
| Wellness Care/Vaccines | Behavior | Laser Therapy |
| Puppy/Kitten Care | House Calls | Chinese |
| Surgical Care | Hospice Care | Herbal |
| Dental Care | Second Opinions | Therapy |
| Nutrition | Acupuncture | Medical |
| Flea/Tick Prevention | | Grooming |

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Vomiting	Problems getting up	
	Other	

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Wellness Care/Vaccines	Behavior	Laser Therapy
Puppy/Kitten Care	House Calls	Chinese
Surgical Care	Hospice Care	Herbal
Dental Care	Second Opinions	Therapy
Nutrition	Acupuncture	Medical
Flea/Tick Prevention		Grooming

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