



- **Current Medications**

---

---

---

- **Habits**

- **Fears**

- **Desires**

- **Source of Pet**

- **Past Vet Name & Contact Information**

- **Most Recent Vaccinations with Dates**

- **If a dog, how much exercise does he or she get?**

- **Any other pets at home and how do they interact?**

---

---

- **Any children at home? How does your pet interact with them?**

---

- **What brand do you feed your pet?\***

- **How much, how often?**

- **Where do you purchase your pet food?**

- **Any supplements?**

- **Any treats or table food?**

- **Holistic Lifestyle**

- **(What do you do holistically for yourself or your pet(s)?)**

---

**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 animal and understand that my balance is due at the time of release. I further acknowledge that a deposit may be required for surgical treatment and/or hospitalization when necessary.**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**