

#### **Animal Clinic of Morris Plains**

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









#### **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**

Name:		
Address:		
	State: Zip:	
Primary Ph:	2nd Ph:	
Driver's License # (if you wish to	o pay by check):	
Email Address:		
Spouse or Co-Owner	Contact Information	
Name:		
OGII I IIUIIG		
Email Address:		
Email Address: In case of emergency call :		
Email Address: In case of emergency call :	Other Ph:	
Email Address:  In case of emergency call:  Home Ph:  Please tell us how you lea	Other Ph:arned about us?	
In case of emergency call: Home Ph: Please tell us how you lease t	Other Ph:arned about us?	ogle
In case of emergency call: Home Ph: Please tell us how you lease t	Other Ph:arned about us? Go	ogle
In case of emergency call:  Home Ph:  Please tell us how you lease	Other Ph:arned about us? Go	ogle
In case of emergency call:  Home Ph:  Please tell us how you lease	other Ph:arned about us? Go Phone Book Saw Sign	ogle
In case of emergency call:  Home Ph:  Please tell us how you lead to shelter/Rescue Facebook Angie's List P Bing Friend/Neighbor  Referral Name — Who ma	other Ph:arned about us? Go Phone Book Saw Sign	ogle Yel
In case of emergency call:  Home Ph:  Please tell us how you lead Shelter/Rescue Facebook Angie's List P Bing Friend/Neighbor Referral Name — Who ma  FINANCIAL POLICY: ANIM payment in full for at the time in the state of the s	Other Ph:arned about us? Pet Store Go Phone Book Saw Sign  ay we thank for this referral?  AL CLINIC OF MORRIS PLAINS requi of service. As legal owner or responsible	ogle Yel
In case of emergency call: Home Ph:  Please tell us how you lead Shelter/Rescue Facebook Angie's List P Bing Friend/Neighbor Referral Name — Who ma  FINANCIAL POLICY: ANIM payment in full for at the time of the above animal(s), I certify	Other Ph:	ogle Yel
In case of emergency call:  Home Ph:  Please tell us how you lead to shelter/Rescue Facebook Angie's List Page Friend/Neighbor  Referral Name — Who mage Financial for at the time of the above animal(s), I certify policy. I hereby assume financial	Other Ph:	ogle Yel res agen

#### **Pet Information**

please complete for each pet

Pet's Name:			
	Cat Small Mamma		
Breed or Mix Breed: _			
Color:			
Sex: Male Fe	male Age or Birthdate:		
Does your pet have a	n I.D. Microchip: Yes	No	
Neutered/Spayed:	Yes No If yes, at	what age:	
Temperament: Outo	going/Social Neutral	Shy Aggre	ssive
Can you provide your	pet's medical records?	Yes No	
ls your pet on heartw	orm prevention? Yes	please specify	No
Is your pet on flea/tic	k prevention? Yes	please specify	No
Does your pet have al	llergies? Yesples	ase specify	No
Has your pet ever had	d a dental cleaning? Y	'es No	
Please list any prior il	lness or surgery:		
Taking any special die	ets or medications:		
Taking any special die	ets or medications:	OUR PETS TOI	DAY?
	I <b>CERNS YOU ABOUT YO</b> Diarrhea	House soilir	ıg
<b>TELL US WHAT CON</b> Bad Breath  Coughing	I <b>CERNS YOU ABOUT YO</b> Diarrhea Barking	House soilir Behavior ch	ig anges
TELL US WHAT CON  Bad Breath  Coughing  Ear Problems  Not Eating	CERNS YOU ABOUT YO Diarrhea Barking Itching/scratching Clawing/digging	House soilir Behavior ch Sores/woun Separation a	ig anges ds
TELL US WHAT CON Bad Breath Coughing Ear Problems	I <b>CERNS YOU ABOUT YO</b> Diarrhea Barking Itching/scratching	House soilir Behavior ch Sores/woun	ig anges ds
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## **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

### **Pet Information**

please complete for each pet

Pet's Name:			
	Cat Small Mamm	nal	
			_
Color:			
	nale Age or Birthdate	:	
Does your pet have an	I.D. Microchip: Yes	s No	
Neutered/Spayed:	Yes No If yes, at	: what age:	_
Temperament: Outgo	oing/Social Neutral	Shy Aggressiv	e
	net's medical records?		
	rm prevention? Yes		No
	prevention? Yes _		No
	ergies? Yes		No
	a dental cleaning?		
Please list any prior ille	_		
TELL US WHAT COM	CERNS YOU ABOUT Y	OUD DETS TODAY	
Bad Breath	Diarrhea	House soiling	12
Coughing	Barking	Behavior change	<b>'?</b>
Ear Problems Not Eating	Itching/scratching Clawing/digging	Sores/wounds Separation anxi	
Weight gain/loss Vomiting	Lameness Problems getting up Other	Aggression	es
	Other		es
ASSESSING YOUR P		K	es
ASSESSING YOUR P How many hours a day	ET'S EXPOSURE RIS		es
	ET'S EXPOSURE RIS does your pet spend o run free or come	utdoors?	es
How many hours a day	ET'S EXPOSURE RIS does your pet spend o run free or come nimals?	utdoors? Yes N	es ety
How many hours a day Is your pet allowed to in contact with other a Board, professionally g Take your pet hunting, areas with increased e	ET'S EXPOSURE RIS does your pet spend or run free or come nimals? Iroom or show your pet swimming, hiking in xposure to ticks,	utdoors? Yes N ? Yes N	es ety — — Jo
How many hours a day Is your pet allowed to a in contact with other a Board, professionally g Take your pet hunting,	ET'S EXPOSURE RIS does your pet spend or run free or come nimals? groom or show your pet swimming, hiking in xposure to ticks, yers or streams?	yes N Yes N Yes N Yes N	es ety  No

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Temperament: Outgo	oing/Social Neutral	Shy Aggressive
Can you provide your p	et's medical records?	Yes No
Is your pet on heartwo	rm prevention? Yes	please specify N
Is your pet on flea/tick	prevention? Yes	please specify N
Does your pet have all	ergies? Yesple	se specify
Has your pet ever had	a dental cleaning? Y	es No
Please list any prior illr	ness or surgery:	
Taking any special diet	s or medications:	
Taking any special diet		NIR PETS TODAY?
	cs or medications:  CERNS YOU ABOUT YOU  Diarrhea	
TELL US WHAT CONC Bad Breath Coughing	<b>CERNS YOU ABOUT YO</b> Diarrhea Barking	House soiling Behavior changes
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