



Nashville Veterinary Specialists

OWNER INFORMATION

Owner Name _____ Today's Date _____

Co-Owner's Name (if Applicable) _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Owner's Cell Phone (_____) _____

Work Phone (_____) _____ Co-Owner's Cell Phone (_____) _____

Best Number to Reach You Today _____

Owner's Email Address _____

Have we seen any of your pets before at NVS? Yes No

PATIENT INFORMATION

Pet's Name _____ Age _____ Breed _____

Color _____ Sex _____ Spayed/Neutered Yes No

Reason for today's visit _____

Family Veterinarian _____ Clinic _____

Do you give your pet any medications other than flea and heartworm preventative? Yes No

If so, please list medications _____

Was your pet fed this morning? Yes No

Does your pet take monthly heartworm preventative? Yes No

Has your pet been vaccinated within the last year? Yes No

Does your pet have any current medical problems (i.e. diabetes, heart disease, etc.)? Yes No

If so, please list medical problems _____

Has your pet had previous major surgery other than spay or neuter? Yes No

Where is your pet housed? Indoors Outdoors Both

How is your pet's appetite? Normal Decreased Increased

Has your pet had any change in the frequency of urinating or defecating in the house? Yes No

Has your pet's water intake changed? Yes No

Do you feed your pet a specific brand and type of food? Yes No

If so, please list food types _____

Has your pet had any of the following problems in the last 30 days? (Circle all that apply)

- Vomiting
- Coughing
- Diarrhea
- Sneezing
- Difficulty breathing
- Difficulty defecating
- Difficulty urinating

I authorize Nashville Veterinary Specialists to allow the following people to visit or request medical information about my pet(s). Please provide the person's name and their relationship to you:

Name: _____ Relationship: _____

I acknowledge that the information on this form is true and correct to the best of my knowledge, and hereby authorize Nashville Veterinary Specialists to communicate with and release my pet's medical record to my Family Veterinarian.

Client Signature (required)

Date

CSR Initials