

**Stillwater Veterinary Clinic
2020 Curve Crest Boulevard
Stillwater, MN 55082
651-439-3200**

Thank you for giving us the opportunity to care for your pet(s).

So that we may become better acquainted, please complete the following:

Date _____

Name _____ Spouse's/Other's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Spouse's/Other's Phone _____

Place of Employment _____ Work Number _____

E-Mail Address _____

How did you hear about us? _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHPP/ CORONA			
BORDATELLA			
LYME			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
FVRCP			
LEUKEMIA TEST			
LEUKEMIA			
FECAL (STOOL SAMPLE)			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Previous Veterinarian _____

Reason for today's visit: Wellness Problem: _____

Symptoms: _____

All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment. Cash Visa MasterCard Discover

Signature _____