



Your Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

From time to time our patients will do something extremely cute or have an interesting/miraculous case. We have found these are most helpful to share when advocating for other pets but never do so without our clients consent. Posts are always positive and specifics never given with regards to ownership. **Our goal is ONLY to bring awareness to pet care.** Please circle one of the below.

I **DO** or **DO NOT** give consent for my pet's photo and/or information to be used in New Albany Animal Clinic's Facebook posts.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Speaking of Facebook, take a moment to like our page to stay up to date! We occasionally offer prizes, surveys, and coupons. You can find us under: Willow Bend & New Albany Animal Clinics

Help us update our records with regards to your four-legged companion! Please answer all questions below as completely as possible so that we can provide your pet with the best care possible. Remember, you know them better than anyone else so they rely on you to be their advocate!

\*\*\*All pets should have a veterinary examination at least once a year. Many warrant more frequent visits. Decisions regarding specific frequency of visits should be made base on individual needs of the animal.\*\*\*

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Birth date (if known): \_\_\_\_\_ Breed: \_\_\_\_\_

Have there been any changes in the following:

Weight:	YES	NO	If yes, please describe: _____
Eyesight:	YES	NO	If yes, please describe: _____
Eyes:	YES	NO	If yes, please describe: _____
Hearing:	YES	NO	If yes, please describe: _____
Ears:	YES	NO	If yes, please describe: _____
Teeth:	YES	NO	If yes, please describe: _____
Breath:	YES	NO	If yes, please describe: _____
Body Condition:	YES	NO	If yes, please describe: _____
Coat Condition:	YES	NO	If yes, please describe: _____
Skin Condition:	YES	NO	If yes, please describe: _____
Food Intake:	YES	NO	If yes, please describe: _____
Water Intake:	YES	NO	If yes, please describe: _____
BM or Urination:	YES	NO	If yes, please describe: _____
Known Allergies:	YES	NO	If yes, please describe: _____
Activity Level:	YES	NO	If yes, please describe: _____
Any pain?	YES	NO	If yes, please describe: _____

*"An ounce of prevention is worth a pound of cure." ~ Benjamin Franklin*

# *New Albany Animal Clinic*

Is your pet current on heartworm preventative? If so, please list name and date last administered:

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Is your pet current on flea and tick preventative? If so, please list name and date last administered:

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Is your pet currently on any other medication? If so, please list name and dosage:

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Is there anything else you would like to tell us about your pet since their last visit?

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The below information is kept confidential and used only for office purposes.

Owners Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Method of Payment Today:

☐ Cash

☐ Credit Card

☐ Check

Please sign and date below stating that it is your desire for your animal to be treated by Willow Bend Animal Clinic and that you understand that you will be responsible for payment.

I \_\_\_\_\_ certify that all of the above information is true and accurate  
to the best of your knowledge:

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Signature

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Date

***Thank you for allowing us the opportunity to care for your pet! Our goal is to provide you and your pet a long and fulfilling life together. We appreciate you taking the time to help us update our records regarding your best friend.***

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