



# Check-In Sheet

Please verify any information that may have changed since your last visit or you may want added into our system. If nothing has changed please check the box below.

Make sure to read the bottom half of the form which pertains to your pet's health history and payment.

Thank you!

## REGISTRATION

No changes

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Spouse/Co-Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn of our clinic?  Recommendation  Website  Phone Directory  
 Sign  Other

If recommend, by whom? \_\_\_\_\_

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_

## PET HEALTH HISTORY

Name of Pet: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Neutered  Female  Spayed

Vaccines Done Elsewhere? \_\_\_\_\_ Phone: \_\_\_\_\_

Please check (X) any symptoms or problems that you have with your pet.

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Behavior Problems  | <input type="checkbox"/> Limping      | <input type="checkbox"/> Thirst and/or Urination Increased |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Scooting     | <input type="checkbox"/> Vomiting                          |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Scratching   | <input type="checkbox"/> Weakness                          |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Lack of Appetite   | <input type="checkbox"/> Sneezing     | _____  |

Pet's Current Medications: \_\_\_\_\_

Describe Your Pet's Diet: (how much) \_\_\_\_\_ (how often) \_\_\_\_\_  
(extra treats) \_\_\_\_\_

Prevention? Flea/Tick: \_\_\_\_\_ Heartworm: \_\_\_\_\_

Do you need any preventative today?  Yes  No

Multiple pet visits on the back. →

Thanks again for choosing Shelton Veterinary Clinic, Bunnell for all your pet's needs and care. Be sure to go online to our website to let us know how we did today!

How will you be paying today?

Cash  Check  Debit  Credit  Care Credit

# PET HEALTH HISTORY

(continued)

Name of Pet: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Neutered  Female  Spayed

Vaccines Done Elsewhere? \_\_\_\_\_ Phone: \_\_\_\_\_

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Prevention? Flea/Tick: \_\_\_\_\_ Heartworm: \_\_\_\_\_

Do you need any preventative today?  Yes  No

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Male  Neutered  Female  Spayed

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