Companion Animal Clinic of Gainesville

14760 Lee Hwy
Gainesville, VA 20155
Ph: (703) 754-8387
Fax: (703) 754-05333
info@cacgainesvilleva.com
cacgainesvilleva.com

Welcome To Our Clinic!

Owner's Name: ______________________ Email: ______________________

Cell Phone: ______________ Home Phone: ______________ Work Phone: ______________

Address: ______________________ City: ____________ State: ____________ Zip: ____________

Employer: ______________________ Employer Phone: ______________________

Emergency Contact: ______________________ Cell Phone: ______________________

Pet Health History

Please fill out the infomation below and email us your pet's medical and vaccination records from any previous veterinary care providers.

Pet's Name: ______________________ Pet Birthdate: ______________

Canine/Feline/Avian/Other: ______________ Breed: ______________ Color: ______________

Sex: ☐ Male ☐ Female Neutered/Spayed: ☐ Yes ☐ No Microchipped: ☐ Yes ☐ No Microchip #: ______________

Current Medications: ____

Prior Surgeries: ____

Prior Illnesses: ____

Primary Reason for Visit: ____

Symptoms your pet is demonstrating:

☐ Apetite Loss	☐ Diarrhea	☐ Loss of Balance	☐ Thirst
☐ Behavioral Changes	☐ Eye Disorders	☐ Scooting	☐ Urination Increase
☐ Breathing Problems	☐ Gagging	☐ Scratching	☐ Vomiting
☐ Coughing	☐ Gums Bleading	☐ Shaking Head	☐ Weakness
☐ Depression	☐ Limping	☐ Sneezing	☐ Other: ______________

Most Current Vaccinations and Heartworm Test

Distemper Date: __________ Parvovirus Date: __________ Rabies Date: __________ Heartworm Date: __________

Authorization

☐ I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered.

Accepted forms of payment include all major credit cards and Scratch Pay. ***We do not accept Care Credit.***

Signature of Responsible Party: ______________________ Date: ______________

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment.