

# Welcome to Butler Veterinary Hospital

Pet' Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Breed: \_\_\_\_\_

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

Color: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Gender (please circle): Male or Female

Cell Phone: \_\_\_\_\_

Spayed/Neutered (please circle): Yes or No

E-mail: \_\_\_\_\_

Pet Insurance (please circle): Yes or No

Consent to post pictures on Facebook/Instagram

If yes, please list provider: \_\_\_\_\_

(please circle): Yes or No

Any Peanut butter allergies at home: Yes or No

How did you hear about us: \_\_\_\_\_

\*Note Full payment is due at time of service. For your convenience we accept Mastercard, Visa, AMEX, Discover, Care Credit, cash and check. Please notify our receptionists if you have any questions.

Please complete the following about your pets health.

1. Do you use a heartworm preventative? **Yes or No** If yes, Name: \_\_\_\_\_  
Last given: \_\_\_\_\_
2. Do you use a flea/tick preventative? **Yes or No** If yes, Name: \_\_\_\_\_  
Last given: \_\_\_\_\_
3. What brand food do you feed your pet? \_\_\_\_\_  
How much/How often: \_\_\_\_\_
4. Do you provide dental care? **Yes or No**
5. Have you noticed any lumps or bumps? **Yes or No**  
If yes, Explain: \_\_\_\_\_
6. Have you noticed any skin or coat problems? **Yes or No**  
If yes explain: \_\_\_\_\_
7. Check all that may apply: \_\_\_ **Coughing or laborered breathing** \_\_\_ **Limping** \_\_\_ **Lethargy**  
\_\_\_ **Diarrhea** \_\_\_ **Vomiting** \_\_\_ **Increased Urination** \_\_\_ **Constipation** \_\_\_ **Increase/Decrease weight** \_\_\_ **Other(explain)** \_\_\_\_\_
8. Please list any healthy issues you would like to discuss with the veterinarian:  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_