



# Flanary Veterinary Clinic

200 Eagle Nest Drive • Paducah, Kentucky 42003 • 270.898.9738

## Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

### Registration:

Date \_\_\_\_\_

Owner \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Spouse Work \_\_\_\_\_

How did you learn about our clinic?  Yellow Pages  Recommendation  Sign  Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

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

Reason for visit \_\_\_\_\_

\_\_\_\_\_

### Pet Health History:

Name of pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate or age \_\_\_\_\_

Male  Neutered  Female  Spayed

Vaccination History (Date and type of last vaccinations) \_\_\_\_\_

Prior Surgery \_\_\_\_\_ Prior Illness \_\_\_\_\_

Please check (✓) any symptoms or problems that you have noticed about your pet.

<input type="checkbox"/> Back Problems	<input type="checkbox"/> Lack of appetite	<input type="checkbox"/> Thirst and/or urination increased
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Limping	<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"/> Gagging	<input type="checkbox"/> Sneezing	

Pet's current medications \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_

### Authorization:

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. We will gladly give an estimate first.

Signature of Owner \_\_\_\_\_

Method of Payment  Cash  Check  Major Credit Card  Care Credit (No interest low monthly payments)

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Patients  
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**[www.FlanaryVet.com](http://www.FlanaryVet.com)**

