



# Oak Park Veterinary Clinic

Jennifer Strickland R.N., D.V.M.

*The quality of care your pet deserves!*

## WELCOME TO OUR OFFICE

Today's Date \_\_\_\_\_ Reason for today's visit \_\_\_\_\_

Your Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail address \_\_\_\_\_

How did you hear about us?

- AT&T Yellow Pages
- Feist Yellow Pages
- Web Site
- Sign (drove by)
- Personal Referral (who can we thank?)

How do you view your pet(s) in terms of overall health concerns/issues?

- As a family member
- As a pet

- |  |     |    |
|--|-----|----|
| Is your pet spayed or neutered?  | Yes | No |
| If no, do you plan to breed?   | Yes | No |
| Does your pet have any drug allergies?   | Yes | No |
| Did you bring previous medical records?  | Yes | No |
| Will you ever need to board your pet?  | Yes | No |
| Do you use your pet for hunting?   | Yes | No |
| Is your pet on a preventative program for controlling external parasites (fleas/ticks)?                          | Yes | No |
| Is your pet on a preventative program for controlling internal parasites (heartworm, roundworm, hookworm, etc.)? | Yes | No |
| Does your pet spend long periods of time alone during the day?   | Yes | No |
| Has your pet been microchipped or tattooed?  | Yes | No |
| Has your pet ever had dental care?   | Yes | No |
| Do you understand the benefits of dental care for your pets?   | Yes | No |
| Do you have veterinary pet insurance?  | Yes | No |

Which of the following services might you utilize?

- Behavior Consultation
- Dental Services
- Grooming
- Boarding

How long have you owned your pet? \_\_\_\_\_

What brand of food does your pet eat? \_\_\_\_\_

Canned or Dry? \_\_\_\_\_

Is your pet fed any table scraps (people food?) \_\_\_\_\_

How often do you bathe/brush your pet? \_\_\_\_\_

How much time does your pet spend outdoors? \_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

What prior illness or health issues has your pet had? \_\_\_\_\_

Circle any of the following that are of concern to you regarding your pet's behavior/health:

- |                                 |                    |
|---------------------------------|--------------------|
| Excessive barking               | Wax/dirty ears     |
| Straying from home              | House breaking     |
| Urinating/spraying in the house | Itching/scratching |
| Overly rambunctious             | Biting             |
| Problems with Children          | Shedding           |
| Clawing or Digging              | Jumping            |
| Bad Breath                      | Coughing           |
| Sneezing                        | Vomiting           |
| Diarrhea                        |                    |
| Other _____                     |                    |

Pet's Name(s)	M/F	Neut/Spay	Breed	Age	Color	Last Exam

9550 Quivira Road

Lenexa, KS 66215

913-888-3939

M, T, Th, F 7:30 a.m. to 6:00 p.m. Wednesday & Saturday 7:30 a.m. to noon