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Please complete this form, noting any changes, so that we may update our records.

Client (Owner) Name:

Additional Names on the Acct? _____

Mailing Address:

Physical or 911 Address (if different): _____

Client Phone:

Email:

Email: Please provide this information so that we may communicate test results, appointment reminders, and other communications to you. We may also communicate periodic newsletters and promotional materials, but we do NOT intend to spam you, nor will we sell your address.

May we use your pet's photo on social media? YES NO

How would you like to receive appointment reminders (check all that apply):
Please indicate preferred number or email.

Phone Email Text

Please provide this information for the person(s) responsible for payment:

Name: _____

Driver License#: _____

Date of Birth: _____

**PAYMENT IS EXPECTED AT TIME OF SERVICE. WE ACCEPT CASH, CHECK, DISCOVER,
VISA, MASTERCARD, DEBIT, AND CARE CREDIT.**

Please turn the page to complete information about your pet's history and today's visit

NAME OF PET BEING SEEN TODAY: Name:

Age:

Sex:

How much time does your pet spend Indoors? _____% Outdoors? _____%

Do you have other pets? Dogs Cats

Is your pet currently on any medications or supplements?

Heartworm prevention product? _____ Refill? ____ Flea/tick control product? _____ Refill? ____

Other medications or supplements? _____ Refills _____

What is your pet's diet? Please list brands and amounts Wet/Canned _____ Dry? _____

Treats? _____ Table food/scraps? _____ Free range hunter? _____

In the past year my pet has also been to _____ for treatment or care.

Please provide additional details: _____

Recent injury or illness in past 30 days? No ___ Yes _____

Please provide additional details:

Recent change of:

Appetite: No ___ Yes _____ Bowel Movements No ___ Yes _____

Water Intake No ___ Yes _____ Urination No ___ Yes _____

Weight No ___ Yes _____ Behavior No ___ Yes _____

Has your pet exhibited any of the following problems:

Lumps/Bumps No ___ Yes _____ Head Shaking No ___ Yes _____

Hair Loss No ___ Yes _____ Bad Breath No ___ Yes _____

Scratching No ___ Yes _____ Weakness No ___ Yes _____

Coughing No ___ Yes _____ Lameness No ___ Yes _____

Sneezing No ___ Yes _____ Stiffness No ___ Yes _____

Vomiting No ___ Yes _____ Difficulty Rising No ___ Yes _____

Diarrhea No ___ Yes _____ Behavior No ___ Yes _____

Briefly tell us why you are presenting your pet for treatment today: