

**Stillwater Veterinary Clinic  
2020 Curve Crest Boulevard  
Stillwater, MN 55082  
651-439-3200**

*Thank you for giving us the opportunity to care for your pet(s).*

*So that we may become better acquainted, please complete the following:*      Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's/Other's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse's/Other's Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**All Fees Are Due At The Time Services Are Rendered**

Please indicate choice of payment.     Cash / Check     Visa    •  MasterCard     Discover

Credit Card Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Check: Bank \_\_\_\_\_ Account # \_\_\_\_\_

Referral (Whom may we thank?) \_\_\_\_\_

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
<b>YOUR DOG'S VACCINATION HISTORY:</b>			
RABIES			
DHPP/ CORONA			
BORDATELLA			
LYME			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
<b>YOUR CAT'S VACCINATION HISTORY:</b>			
RABIES			
FVRCP			
LEUKEMIA TEST			
LEUKEMIA			
FECAL (STOOL SAMPLE)			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

Reason for today's visit:  Wellness       Problem: \_\_\_\_\_

Symptom: \_\_\_\_\_

Signature \_\_\_\_\_