



**WELCOME TO TENDER TOUCH VETERINARY  
HOSPITAL AND HOME CARE**  
**Dr. Rita DeMeuse, DVM**

**OWNERS NAME:** \_\_\_\_\_ **SPOUSE/OTHER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **X** **CELL:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_ **@** \_\_\_\_\_  
**DRIVERS LICENSE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
**IN CASE OF EMERGENCY, PLEASE CALL :** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
**WHERE/HOW DID YOU HEAR ABOUT US? (please be specific)**  
\_\_\_\_\_  
**REASON FOR VISIT:** \_\_\_\_\_

**PET HEALTH HISTORY**

**PETS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**TYPE OF ANIMAL**     DOG     CAT     OTHER \_\_\_\_\_

**SEX:**  MALE     NEUTERED         FEMALE     SPAYED         UNDETERMINED

**BREED:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**VACCINATION HISTORY:** \_\_\_\_\_

**PLEASE CHECK ANY SYMPTOMS OR PROBLEMS YOU HAVE NOTICED ABOUT YOUR PET.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> BEHAVIOR PROBLEMS | <input type="checkbox"/> BLEEDING GUMS    | <input type="checkbox"/> BREATHING PROBLEMS        |
| <input type="checkbox"/> COUGHING          | <input type="checkbox"/> DIARRHEA         | <input type="checkbox"/> EYE BULGING OR BLOODSHOT  |
| <input type="checkbox"/> GAGGING           | <input type="checkbox"/> LACK OF APPETITE | <input type="checkbox"/> LIMPING                   |
| <input type="checkbox"/> LOSS OF BALANCE   | <input type="checkbox"/> SCOOTING         | <input type="checkbox"/> SCRATCHING                |
| <input type="checkbox"/> SEEMS DEPRESSED   | <input type="checkbox"/> SHAKING HEAD     | <input type="checkbox"/> SNEEZING                  |
| <input type="checkbox"/> VOMITING          | <input type="checkbox"/> WEAKNESS         | <input type="checkbox"/> THIRST AND/OR URINATION ↑ |
| <input type="checkbox"/> WEIGHT PROBLEM    | <input type="checkbox"/> OTHER: _____     |  |

**DESCRIBE YOUR PET'S DIET:** \_\_\_\_\_

**AUTHORIZATION**

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

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_