



"For every paw, there is a pulse. For every heart, there is a beat. This is where the human-animal bond meets"

Thank you for choosing and entrusting us with the care of your furry friend.  
Please take a few moments to fill out this form so we can get to know you better.

### CLIENT INFORMATION

***IF YOU ARE A CURRENT CLIENT OF OURS, AND WE'RE SEEING A NEW PET, PLEASE SUBMIT THE PET INFORMATION PAGE ONLY. PLEASE LET US KNOW OF ANY ADDRESS CHANGES. THANK YOU!***

PRIMARY OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DL# \_\_\_\_\_ STATE OF DRIVERS LICENSE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ EXTENSION \_\_\_\_\_

If necessary, may we contact you at work?  YES  NO

In the event that you cannot be reached by phone in a timely manner, who would you like us to contact to authorize treatment and the associated costs for the care of your pet?

EMERGENCY CONTACT \_\_\_\_\_

RELATION \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## PET INFORMATION

**PLEASE SEND OVER ALL PAST VET RECORDS INCLUDING THE PETS MOST RECENT VACCINES.  
PLEASE SEND TO THEADVETCATESCHEDULING@GMAIL.COM. THANK YOU!**

**PRIMARY OWNER'S NAME** \_\_\_\_\_

**PETS NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEX:** (MALE) (FEMALE)      **REPRODUCTIVE STATUS:** (INTACT) (SPAYED) (NEUTERED)

**SPECIES:** (CANINE) (FELINE)      **BREED** \_\_\_\_\_ **COLOR** \_\_\_\_\_

**PRIMARY / PREVIOUS VET:** (Doctor, Hospital & Location) \_\_\_\_\_

**PREVIOUS INJURIES / ILLNESSES / SURGERY** \_\_\_\_\_

**CURRENT MEDICATIONS** (i.e. prescribed meds, over the counter, heartworm, flea & tick prevention):

**DOES YOUR PET HAVE ANY FEARS OR ANXIETIES? (Mark all that apply:)**     YES     NO

Aversive to touch (face, ears, belly, feet, tail, etc)     Fearful of new people     Fearful of men

Does not like nail trims     Afraid of muzzles     Thunderstorm / Firework Phobia

Diagnosed an anxiety disorder (Type): \_\_\_\_\_

**HOW DOES YOUR PET RESPOND WHEN FEARFUL OR ANXIOUS? (Mark all that apply:)**

Bites     Scratches     Lunges     Tucks tail     Hides or Runs away     Hisses

Howls/Screams     Urinates/Defecates     Freezes/Shakes     Becomes Protective of Owner

**NAME OF CURRENT PET FOOD** (Name, Protein Source) \_\_\_\_\_

**ALLERGIES** (Food, Medications, Insects) \_\_\_\_\_

**HAS YOUR PET EXPERIENCED A VACCINE REACTION?**     YES     NO

**DATE OF LAST VACCINES: RABIES** \_\_\_\_/\_\_\_\_/\_\_\_\_ (  1 YR? OR  3YR?)

**DISTEMPER/PARVO:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (  1 YR? OR  3YR?); **BORDETELLA:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**LEPTO:** \_\_\_\_/\_\_\_\_/\_\_\_\_, **INFLUENZA:** \_\_\_\_/\_\_\_\_/\_\_\_\_, **LYME:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR CATS ONLY: FVRCP:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (  1 YR? OR  3YR?); **FeLV:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## MEDIA RELEASE AUTHORIZATION

I authorize The Advetcate, LLC to use, reproduce, and/or publish photographs and/or video that may pertain to my pet — including my pet's image, likeness and/or sound without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on The Advetcate's Internet Web Page or its other social media sites. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, The Advetcate, LLC may publish materials, use my pets' name, photograph, and/or make reference to my pet(s) in any manner that The Advetcate, LLC deems appropriate in order to promote/publicize/educate service opportunities.

PLEASE INITIAL ONE:      DECLINED \_\_\_\_\_      ACCEPTED \_\_\_\_\_

## CLIENT AGREEMENT

I/we hereby authorize The Advetcate, LLC and all assistants of its choice to administer any medical and/or surgical procedures as is considered therapeutically and/or diagnostically necessary. I/we also hereby release The Advetcate, LLC and all its assistants, from any liability by any reason of any act herein above authorized. I understand every effort will be made to achieve a successful outcome and that The Advetcate, LLC and all of its assistants will perform all possible safety procedures while handling my pet(s).

**PAYMENT TERMS:** Our preferred methods of payment include: Debit and Credit cards (Visa, Mastercard, American Express, Discover). In signing this agreement, I assume full financial responsibility for all charges incurred for the care of my pet(s). I understand that payment for the entire medical plan is required when services are rendered, and if I fail to pay the entire amount at the time services are rendered, that I agree to pay any and all reasonable costs of collection in the event that collection efforts become necessary.

***Signing below indicates that you are the owner or responsible party of the pet listed on this form, and that you have read, understood, and accept the client agreement and payment terms listed above.***

Printed Name of Owner / Responsible Party \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name of Owner / Responsible Party \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**"Healing is Healthy"**

**Don't forget to send the 'purrfect' picture of your furry friend for our records.  
Send pictures to [TheAdvetcate@gmail.com](mailto:TheAdvetcate@gmail.com) with your pets name in the subject line  
(Example: "Pluto's Photoshoot").**