

Prairie Ridge Veterinary Clinic

www.Prairieridgevetclinic.net

Dr. Rodney Yetter, DVM
 201 S. Prairie Ridge Drive
 Havana, IL 62644
 309-543-2091

WELCOME BACK TO OUR OFFICE

Name _____ Spouse/other name _____

Are there children in the home (please mark one) Yes _____ No _____

Street _____ City _____ State _____ Zip _____

Home/cell phone _____ Work phone _____

Email: _____ Driver's License _____ Date of birth _____

Photo Release

I authorize PRVC to take photograph(s) of my pet(s) to keep on file. I understand that PRVC may use these photographs of my pet(s) for marketing purposes including, but not limited to facebook, website, brochures, etc; and give them permission to do so.

Signature: _____ Date: _____

Pet Name: _____ Species/breed: _____ Description: _____

How do you view your pet(s) in terms of overall health concerns/issues? (Check one box below please)

As a family member (I am concerned about all health issues/recommendations)

As a pet (I am not concerned about all preventative and wellness issues)

Is your pet spayed or neutered?	No	Yes	Check any of the following that are of concern to you regarding your pet's behavior/health:	
If no, do you plan to have it done?	No	Yes	<input type="checkbox"/> House breaking	<input type="checkbox"/> Itching/scratching
Do you plan to breed your pet?	No	Yes	<input type="checkbox"/> Wetting/spraying in the house	<input type="checkbox"/> Overly rambunctious
Does your pet have any drug allergies?	No	Yes	<input type="checkbox"/> Problems around children	<input type="checkbox"/> Biting
Do you take your pet with you on vacation?	No	Yes	<input type="checkbox"/> Shedding	<input type="checkbox"/> Clawing or digging
Does your pet go to a grooming or boarding facility?	No	Yes	<input type="checkbox"/> Jumping	<input type="checkbox"/> Bad breath
Do you use your pet for hunting?	No	Yes	<input type="checkbox"/> Excessive barking	<input type="checkbox"/> Straying from home
Is your pet on a preventative program for controlling external parasites (fleas and ticks)?	No	Yes	<input type="checkbox"/> Other _____	
Is your pet on a preventative program for controlling internal parasites(heartworm,roundworm,hookworm, etc)?	No	Yes	Which of the following services might you utilize:	
Does your pet spend long periods of time alone during the day?	No	Yes	<input type="checkbox"/> Lodging/boarding facility	<input type="checkbox"/> Evening hours
Are you interested in having your pet micro chipped?	No	Yes	<input type="checkbox"/> Referral rewards program	<input type="checkbox"/> Grooming
Has your pet ever had dental care?	No	Yes	<input type="checkbox"/> Behavior training classes	<input type="checkbox"/> Day care
Do you understand the health benefits and life extending effects of providing proper dental care for pets?	No	Yes	<input type="checkbox"/> Value package programs	<input type="checkbox"/> Product trials
Do you have veterinary pet insurance?	No	Yes		
PLEASE BE ADVISED THAT PAYMENT IS TO BE MADE AT THE TIME OF SERVICE, OR PRODUCT IS RECEIVED.				

Signature: _____ Today's Date _____