

Prairie Ridge Veterinary Clinic

PrairieRidgeVetClinic@gmail.com

Dr. Rodney Yetter, DVM

201 S. Prairie Ridge Drive

Havana, IL 62644 309-543-2091

WELCOME 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 address _____

Driver's license _____ Date of birth _____

How did you hear about us? Personal referral by friend, relative, etc.(who shall we thank?) _____

Yellow Pages(which one?) _____, Civic Group of Community Event, Sign, Newspaper Ad, Knew we were here

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?

- 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
Did you bring previous medical records?	No	Yes	<input type="checkbox"/> Shedding	<input type="checkbox"/> Clawing or digging
Do you take your pet with you on vacation?	No	Yes	<input type="checkbox"/> Jumping	<input type="checkbox"/> Bad breath
Will you ever need to board your pet?	No	Yes	<input type="checkbox"/> Excessive barking	<input type="checkbox"/> Straying from home
Do you use your pet for hunting?	No	Yes	Which of the following services might you utilize:	
Is your pet on a preventative program for controlling external parasites (fleas and ticks)?	No	Yes	<input type="checkbox"/> Lodging/boarding facility	<input type="checkbox"/> Evening hours
			<input type="checkbox"/> Referral rewards program	<input type="checkbox"/> Grooming
Is your pet on a preventative program for controlling internal parasites(heartworm,roundworm,hookworm, etc)?	No	Yes	<input type="checkbox"/> Behavior training classes	<input type="checkbox"/> Day care
			<input type="checkbox"/> Value package programs	<input type="checkbox"/> Product trials
Does your pet spend long periods of time alone during the day?	No	Yes	Do you have veterinary pet insurance?	No Yes
Are you interested in having your pet micro chipped?	No	Yes	Do you understand the health benefits and life extending effects of providing proper dental care for pets?	No Yes
Has your pet ever had dental care?	No	Yes		

PLEASE BE ADVISED THAT PAYMENT IS TO BE MADE AT THE TIME OF SERVICE, OR PRODUCT IS RECEIVED.

Signature: _____ Date: _____