



# Welcome to Our Office!

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How may we contact you?

Phone       Mail

Email       Text

How did you hear about Bern-Sabetha Veterinary Clinic?

- Friend or relative? Who? \_\_\_\_\_
- Yellow Pages/Which directory? \_\_\_\_\_
- Chamber of Commerce
- Newspaper Ad
- Facebook
- Other? \_\_\_\_\_

Please list an Emergency Contact we may contact if we are unable to reach you.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Today's Date \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Can we call you at work?  Yes  No

Is there anybody else who is authorized to make decisions regarding your pet?

Yes  No Name \_\_\_\_\_

How may we contact them? \_\_\_\_\_

So that we are able to serve you and your pet appropriately, please take time to answer the following questions.

How do you view your pet(s)?

- Like a family member, I am concerned about all health issues.
- Simply as a pet, not as concerned about all health issues.

Will you be providing medical records or would you like us to request a copy of your pet's medical records from your previous veterinarian?

I will provide       Please call

Previous veterinarian, where we may obtain medical records

Pet's Name \_\_\_\_\_

- Dog       Intact Male
- Cat       Neutered Male
- Other (below)       Intact Female
- \_\_\_\_\_  Spayed Female

Do you have any other pets in your home?  Yes  No

Name \_\_\_\_\_ Species \_\_\_\_\_

Name \_\_\_\_\_ Species \_\_\_\_\_



We're excited to know more about your pet!

Every pet has different needs. Please answer the following questions so we may determine your pet's needs, make suggestions to improve the quality of your pet's life, and assess your pet's risk level in many different areas.

Does your pet have any prior illnesses or injuries we should know about?  Yes  No

If yes, please describe \_\_\_\_\_

Have you medicated your pet recently? (including over the counter drugs)

If yes, state medications \_\_\_\_\_

Where did you get your pet from? \_\_\_\_\_ How long have you owned your pet? \_\_\_\_\_ Years Months

On average, how many hours a day is your pet outside? \_\_\_\_\_ How often do you bathe your pet? Every \_\_\_\_\_ Weeks Months

What brand food does your pet eat? \_\_\_\_\_ Canned Dry Where does your pet sleep? Indoors Outdoors

- Do you take your pet to a groomer?  Yes  No
Does your pet have a microchip ID? # \_\_\_\_\_  Yes  No
Do you board your pet at certain times of the year?  Yes  No
Has your pet ever had dental care?  Yes  No
Is your pet allergic to anything?  Yes  No
Do you travel with your pet?  Yes  No
Does your pet spend long periods of time alone?  Yes  No
Is your pet on a flea and tick prevention program?  Yes  No
Do you use your pet for hunting or sporting?  Yes  No
Is your pet on an intestinal worm preventative?  Yes  No
Do you plan to breed your pet?  Yes  No
Is your pet on a heartworm preventative pill?  Yes  No
Does your pet get table food?  Yes  No
Has your pet ever had a urine analysis?  Yes  No

Please check any of the following that are a problem:

- Bad Breath  Housetraining/Litterbox  Difficulty getting up
 Coughing/Sneezing  Itching/Scratching too much  Excessive water consumption
 Vomiting  Straying from home  Limping
 Diarrhea/Loose Stools  Biting  Overweight
 Ear Infections  Odor  Painful (location)

Please list any other concerns or questions you may have that we can answer for you. \_\_\_\_\_