

Richmond Road Veterinary Clinic

3270 Richmond Road

Lexington, KY 40515

Welcome to our Clinic! We are looking forward to serving you and your pets needs!

To better serve you, please complete the following information.

Owners Name: _____ D.L.#: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about us?

___ Newspaper ___ Yellow Pages ___ Referral (Referral's Name) _____ Other _____

Pet's Name #1: _____ Dog: ___ Cat: ___ Breed: _____

D.O.B: _____ Color: _____ Sex: _____ Spayed or Neutered (Circle)

Pet's Name #2: _____ Dog: ___ Cat: ___ Breed: _____

D.O.B: _____ Color: _____ Sex: _____ Spayed or Neutered (Circle)

Canine		Feline	
Pet: _____	Pet: _____	Pet: _____	Pet: _____
_____	_____ Rabies	_____	_____ Rabies
_____	_____ Distemper	_____	_____ Distemper
_____	_____ Parvo	_____	_____ Leukemia
_____	_____ Fecal Exam	_____	_____ Fecal Exam
_____	_____ Bordetella	_____	_____ FeLV/FIV Test
_____	_____ Heartworm Test		

Is your pet on any medication(s) now? ___ Yes ___ No

If "Yes" please specify _____

Heartworm Medication? ___ Yes ___ No Name of Medication _____

Where were previous vaccines given? _____

What brings you to our clinic today? ___ Vaccinations/Exam ___ Other (please specify)

Would you like your pet microchipped? ___ Yes ___ No

Is your pet currently showing any of the following signs:

___ Vomiting ___ Unsteady Gait ___ Lack of energy ___ Pain ___ Diarrhea
___ Lameness ___ Weakness ___ Coughing _____ Lack of Appetite (How Long?)

Please List any previous medical problems or surgeries? _____