



# Flanary Veterinary Clinic

200 Eagle Nest Drive • Paducah, Kentucky 42003 • 270.898.9738

## Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

Registration:	
Date _____	
Owner _____	SS# _____
Address _____	City _____
State _____ Zip _____	Email Address _____ Employer _____
Spouse _____	SS# _____
Home Phone _____	Cell Phone _____
Work Phone _____	Spouse Work _____
How did you learn about our clinic?	<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Recommendation <input type="checkbox"/> Sign <input type="checkbox"/> Other _____
If recommended, by whom?	_____
Number of pets: Dogs _____	Cats _____ Other (specify) _____
Reason for visit _____	_____

Pet Health History:	
Name of pet _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Breed _____	Color _____ Birthdate or age _____
	<input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Vaccination History (Date and type of last vaccinations _____)	
Prior Surgery _____	Prior Illness _____
Please check (✓) any symptoms or problems that you have noticed about your pet.	
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Lack of appetite
<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Limping
<input type="checkbox"/> Coughing	<input type="checkbox"/> Scratching
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Shaking Head
<input type="checkbox"/> Gagging	<input type="checkbox"/> Sneezing
	<input type="checkbox"/> Thirst and/or urination increased
	<input type="checkbox"/> Vomiting
	<input type="checkbox"/> Weakness
	<input type="checkbox"/> Other _____
Pet's current medications _____	
Describe your pet's diet _____	

Authorization:	
<p>I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. We will gladly give an estimate first.</p>	
<p>Signature of Owner _____</p>	

Method of Payment  Cash  Check  Major Credit Card  Care Credit (No interest low monthly payments)  
Revised June, 2011

New Patients! Bring Coupon for a FREE Physical Exam at your first visit!

**New Patients Only**

# Free Physical Exam



FLANARY VETERINARY CLINIC  
PADUCAH KENTUCKY

**FREE WELLNESS EXAM AT FIRST VISIT NEW PATIENTS ONLY**  
**Full Preventive Health Care for all stages of your pet's life.**  
**24 hour Emergency Service**  
**Call for an Appointment**

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[www.FlanaryVet.com](http://www.FlanaryVet.com)

