

# Miller Mobile Veterinary Service

24574 – 570<sup>th</sup> Street, Plainview, MN 55964  
(507) 601-7476; millermobilevetsservice@gmail.com  
www.millermobilevetsservice.com

## CLIENT INFORMATION FORM

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How/where did you hear about us? If referral, whom may we thank?

Prefix (optional): Mrs. \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

First name(s): \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred phone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

Work phone (optional): (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Email address will be used for convenient vaccine/health reminders. Email information will be kept private and shared with no one.

## METHODS OF PAYMENT

**Payment is required at the time of service.** We accept Visa, Mastercard, American Express, Discover, personal check, or cash\*. Magnetic strip/chip-enabled cards are accepted. By signing this form, you understand payment is required at time of service. *\*for safety reasons, I do not carry extra cash and may not be able to give change – another form of payment may be needed.*

## CONSENT

Depending on physical exam findings and potential diagnostic results, details of any uncovered conditions or diseases will be discussed. This includes potential further recommended diagnostics, treatments, risks of treatment, and/or the risks of not seeking further evaluation or treatment(s). By signing this form, you give consent for potential diagnostics/treatments.

## PET INFORMATION

Name: \_\_\_\_\_ Sex: Male or Female (circle one) Age/birthday: \_\_\_\_\_

Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed/neutered? (yes/no?) \_\_\_\_\_ Allergies? (yes/no?) \_\_\_\_\_ Vax/med reactions? (yes/no?) \_\_\_\_\_

If allergies, vaccination/medication reactions, please explain: \_\_\_\_\_

Any major surgeries or health conditions? \_\_\_\_\_

Any behavior problems we need to be aware of? \_\_\_\_\_

Please list diet/treats: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male or Female (circle one) Age/birthday: \_\_\_\_\_

Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed/neutered? (yes/no?) \_\_\_\_\_ Allergies? (yes/no?) \_\_\_\_\_ Vax/med reactions? (yes/no?) \_\_\_\_\_

If allergies, vaccination/medication reactions, please explain: \_\_\_\_\_

Any major surgeries or health conditions? \_\_\_\_\_

Any behavior problems we need to be aware of? \_\_\_\_\_

Please list diet/treats: \_\_\_\_\_

## IN CASE OF PET EMERGENCY OR SEVERE ILLNESS OR INJURY:

Please contact your closest or preferred veterinary clinic/hospital. If evening/weekend emergency, please contact Affiliated Emergency Veterinary Service in Rochester, MN at (507) 424-3976. They are located at 121 23<sup>rd</sup> Ave SW, Rochester, MN 55902.

OWNER NAME (Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## CLIENT INFORMATION – MULTIPLE PET CONTINUATION FORM – Miller Mobile Vet Service

Name: \_\_\_\_\_ Sex: Male or Female (circle one) Age/birthday: \_\_\_\_\_  
Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Spayed/neutered? (yes/no?) \_\_\_\_\_ Allergies? (yes/no?) \_\_\_\_\_ Vax/med reactions? (yes/no?) \_\_\_\_\_  
If allergies, vaccination/medication reactions, please explain: \_\_\_\_\_  
Any major surgeries or health conditions? \_\_\_\_\_  
Any behavior problems we need to be aware of? \_\_\_\_\_  
Please list diet/treats: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male or Female (circle one) Age/birthday: \_\_\_\_\_  
Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Spayed/neutered? (yes/no?) \_\_\_\_\_ Allergies? (yes/no?) \_\_\_\_\_ Vax/med reactions? (yes/no?) \_\_\_\_\_  
If allergies, vaccination/medication reactions, please explain: \_\_\_\_\_  
Any major surgeries or health conditions? \_\_\_\_\_  
Any behavior problems we need to be aware of? \_\_\_\_\_  
Please list diet/treats: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male or Female (circle one) Age/birthday: \_\_\_\_\_  
Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Spayed/neutered? (yes/no?) \_\_\_\_\_ Allergies? (yes/no?) \_\_\_\_\_ Vax/med reactions? (yes/no?) \_\_\_\_\_  
If allergies, vaccination/medication reactions, please explain: \_\_\_\_\_  
Any major surgeries or health conditions? \_\_\_\_\_  
Any behavior problems we need to be aware of? \_\_\_\_\_  
Please list diet/treats: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: Male or Female (circle one) Age/birthday: \_\_\_\_\_  
Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Spayed/neutered? (yes/no?) \_\_\_\_\_ Allergies? (yes/no?) \_\_\_\_\_ Vax/med reactions? (yes/no?) \_\_\_\_\_  
If allergies, vaccination/medication reactions, please explain: \_\_\_\_\_  
Any major surgeries or health conditions? \_\_\_\_\_  
Any behavior problems we need to be aware of? \_\_\_\_\_  
Please list diet/treats: \_\_\_\_\_

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Species (dog, cat, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Spayed/neutered? (yes/no?) \_\_\_\_\_ Allergies? (yes/no?) \_\_\_\_\_ Vax/med reactions? (yes/no?) \_\_\_\_\_  
If allergies, vaccination/medication reactions, please explain: \_\_\_\_\_  
Any major surgeries or health conditions? \_\_\_\_\_  
Any behavior problems we need to be aware of? \_\_\_\_\_  
Please list diet/treats: \_\_\_\_\_

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Any behavior problems we need to be aware of? \_\_\_\_\_  
Please list diet/treats: \_\_\_\_\_