SOUTH DES MOINES
Veterinary CENTER, P.C.

Brenda Flaming, DVM Melissa Beyer, DVM

WELCOME TO OUR OFFICE

Welcome to South Des Moines Veterinary Center. Thank you for choosing us for your pet care needs. So that we may provide the most comprehensive care for your pet, please complete this data sheet.

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How did you hear about us?

- ❑ Friend or relative (whom may we thank?): _____
- ❑ Yellow Pages: Qwest or YellowBook (please circle)
- ❑ Newspaper ad
- ❑ Clinic Sign
- ❑ Animal Rescue League
- ❑ Website (WeLoveThemToo.com)
- ❑ Other _____

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 preventive and wellness issues)

Did you bring previous medical records? *Yes No*

Has your pet been microchipped? *Yes No*

May we explain the health benefits and life extending effects of providing proper dental care for your pets? *Yes No*

Has your pet been treated for worms? *Yes No*

Do you have veterinary pet insurance? *Yes No*

All fees are due upon release of patient

We accept: *Cash* VISA MasterCard CareCredit

Visit us on the web:

WeLoveThemToo.com

Date: _____/_____/_____

Name: _____

Spouse _____

Children's ages _____

Street _____

City _____ State _____ Zip _____

Phone #: Home _____ Work _____

Cell _____

Email _____

Best time to call you at home: _____

May we call you at work? *Yes No*

Employer _____

Spouse's Employer _____ Phone _____

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Reason for visit: _____

Pet's Name _____

Dog Cat (please circle) Other _____

Breed _____

Color _____ Age or Birth date _____

Sex _____ Spayed/Neutered Yes No

Does your pet eat canned or dry food? (please circle)

Brand of food _____

Is your pet fed any people food? _____

Where does your pet sleep? _____

Have you medicated your pet recently? (including over the counter medications) *Yes No*

If yes, state medications _____

Any prior illness or injury we should know about?

No Yes: _____

Is your pet groomed? *Yes No*

Is your pet boarded at times? *Yes No*

Do you have other pets? If so please list below.

Name	Breed	Age	♂/♀	Spayed Neut