

Orangeville Animal Health Svc, LLC  
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## Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

### Client Information

Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse or Co-Owner: \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Gender:  Male  Female  Neuter  Spay

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Diet: \_\_\_\_\_

#### Pet's History:

<input type="checkbox"/> DAPPV (Canine Distemper)	Last date given: _____
<input type="checkbox"/> Leptospirosis	Last date given: _____
<input type="checkbox"/> Lyme	Last date given: _____
<input type="checkbox"/> Bordetella (Kennel Cough)	Last date given: _____
<input type="checkbox"/> Heartworm Test	Last date given: _____
<input type="checkbox"/> Rabies (Canine / Feline)	Last date given: _____
<input type="checkbox"/> RCCP (Feline Distemper)	Last date given: _____
<input type="checkbox"/> Feline Leukemia	Last date given: _____

Is your pet on any kind of flea control? \_\_\_\_\_ If yes, what product? \_\_\_\_\_  
Is your pet on Heartworm preventative? \_\_\_\_\_ If yes, what product? \_\_\_\_\_

#### Describe any:

Prior illnesses: \_\_\_\_\_  
 Prior surgery: \_\_\_\_\_  
 Other pertinent history: \_\_\_\_\_

Reason for pet's visit: \_\_\_\_\_