

**Southside Veterinary Clinic, Inc.**

P.O. Box 217—16917 S. Memorial  
Bixby, Ok 74008  
(918) 366-6458

**Client Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse \_\_\_\_\_

Home Phone \_\_\_\_\_ His Cell \_\_\_\_\_ Her Cell \_\_\_\_\_

DOB \_\_\_\_\_ S/S \_\_\_\_\_ DL \_\_\_\_\_

E-mail \_\_\_\_\_

Employed by \_\_\_\_\_ Spouse Employed by \_\_\_\_\_

Chose our clinic because \_\_\_\_\_

If recommended, by \_\_\_\_\_

Paying by: (circle one) CASH      CHECK      Credit Card (VISA, MC, DISCOVER)

**Patient #1**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

DOB \_\_\_\_\_ Wt \_\_\_\_\_ Sex \_\_\_\_\_ Spay/Neut \_\_\_\_\_

Microchip \_\_\_\_\_ Tattoo \_\_\_\_\_

Reason for visit \_\_\_\_\_

Symptoms \_\_\_\_\_

**Health History**

(dogs)

ADENOVIRUS \_\_\_\_\_

DAP VACCINE \_\_\_\_\_

DAPPV+LEPTO \_\_\_\_\_

BORDETELLA \_\_\_\_\_

CANINE INFLUENZA \_\_\_\_\_

LEPTO 4 VACC \_\_\_\_\_

RABIES VACC \_\_\_\_\_

PHYSICAL EXAM \_\_\_\_\_

DENTAL EXAM \_\_\_\_\_

FECAL TEST \_\_\_\_\_

HEARTWORM TEST \_\_\_\_\_

HEARTWORM \_\_\_\_\_

PREVENTATIVE \_\_\_\_\_

(cats)

FVRCP VACC \_\_\_\_\_

RABIES VACC \_\_\_\_\_

LEUKEMIA VACC \_\_\_\_\_

Fe LEUK/FIV TEST \_\_\_\_\_

PHYSICAL EXAM \_\_\_\_\_