

**Southside Veterinary Clinic, Inc.**

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

**Client Information**

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