

Powell Veterinary Service

25505 WCR 53
Kersey Co, 80644
(970-352-9164)

Welcome To Our Clinic

Today's date _____
(One or more of the following) Driver's license # _____ SSN _____

Name _____ Significant other's name _____

Street Address _____ City _____ State _____ Zip Code _____

Main Phone Number _____ Work Phone _____ Other Phone /Fax _____

Employer _____ E-mail Address _____

How did you hear of Powell Veterinary Service _____

Pet's name _____ Species _____ Breed _____ Age _____ Sex _____ Fixed? _____

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What brand of food does your pet eat, how much/often? _____

How often do you bathe or brush your pet? _____ Do you brush your pet's teeth? _____ How often? _____

What prior illness or health issues has your pet had? _____

- Do you plan to spay or neuter your pet? _____
- If no, do you plan to breed your pet? _____
- Is your dog on a heartworm preventative? _____
- Has your pet ever had a dental cleaning? _____
- Y/N – Will your pet have exposure to lakes/ponds/livestock _____ Grooming _____ Puppy Class/Boarding _____

Please list any of your pet's behavior or health concerns you would like Dr. Powell to discuss with you:
