



**Borash Veterinary Clinic**  
79 Prospect Street  
Peabody, MA 01960  
(978) 531-8713 ~ Fax (978) 532-1046  
Web - borashvet.com ~ E-mail - info@borashvet.com

#### CLIENT INFORMATION

Owners Name: \_\_\_\_\_

Spouse/Co-Owner: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_  Home  Cell  Work

Secondary contact: \_\_\_\_\_  Home  Cell  Work

Alternate contact: \_\_\_\_\_  Home  Cell  Work

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

Providing your email address allows us to communicate important information to you and allows you set up a Pet Portal to log into your pet's medical account and request appointments, medication refills, print vaccine history for boarding/grooming, and ask general questions through e-mail.

#### PET INFORMATION

Pets Name: \_\_\_\_\_ Species:  Dog  Cat  Ferret  Other: \_\_\_\_\_

Breed: \_\_\_\_\_  Purebreed OR  Mixed Breed (cats: Shorthair / Longhair)

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Exact or  Estimated

Sex:  Male  Female

Has your pet been spayed or neutered?  YES or  NO

Microchip Number: \_\_\_\_\_

Previous Medical History: \_\_\_\_\_

Where did you get this pet? \_\_\_\_\_

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

Do you have other pets at home?  YES or  NO - If yes please list: \_\_\_\_\_

Have you visited our website?  YES or  NO

If you haven't, please do! [www.borashvet.com](http://www.borashvet.com)

(See behind the scenes of the hospital, meet our staff, view photos of pets, and view links to important health, and recall information plus much more...)

May we share photos of your pet on our website or facebook page?  YES or  NO

- ✓ Please make sure your pets are properly restrained when coming in to our office. Dogs should be on a leash and cats should be in carriers.
- ✓ Please inform us if your pet is nervous or anxious when you come in so we may help reduce the stress of the visit for you and your pet.
- ✓ Please also inform us if your pet has been sneezing or coughing so we may take appropriate steps to prevent spreading of germs.

How did you hear about the hospital?

- Telephone directory
- Word of mouth / Friend - Who can we thank for the referral? \_\_\_\_\_
- Internet – Source? \_\_\_\_\_
- Drive By
- Other: \_\_\_\_\_

Do you have Pet Insurance  YES or  NO (see handouts provided)

Current Plan: \_\_\_\_\_ Policy number: \_\_\_\_\_

Do you have *Care Credit*:  YES or  NO (see handouts provided)

Would you be interested in a mail order prescription service provided by our office?  YES or  NO

(Useful for heartworm, flea & tick medications, and scripts for other long term medications your pet may need)

- I have completed these forms to the best of my knowledge and certify that I am the owner or duly authorized agent for the owner.
- I have received and reviewed a copy of the Borash Veterinary Clinic Financial Policy and agree to the terms set forth.
- I have received a copy of "What to Expect after my Pets Vaccinations"
- I agree to allow the doctors and staff of the Borash Veterinary Clinic provide medical care to my pet.

X \_\_\_\_\_  
Signature of Owner

X \_\_\_\_\_  
Date