

# Branson Veterinary Hospital

Jeffrey P. O'Dell, DVM, Henry R. Ewert, DVM  
Dilraj S. Baath, DVM, & Mike J. Opsomer, DVM  
29 N Wintergreen Rd  
Branson, MO 65616  
417-337-9777



## Patient Check-In Form

*We thank you for the opportunity to care for your pet family member.*

*Please complete the fields below as completely as possible. Bring the form with you for your scheduled appointment or email to [bransonvet.records@gmail.com](mailto:bransonvet.records@gmail.com) at least 24 hours before your appointment time.*

### Client Info

Pet Owner's Name: \_\_\_\_\_

Secondary Owner's Name: \_\_\_\_\_

Name of person bringing pet if not Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Cell Phone: \_\_\_\_\_ Secondary Owner Cell \_\_\_\_\_

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

Email Address \_\_\_\_\_ Please send my pet's reminders via e-mail

Driver's License # \_\_\_\_\_ Name on Driver's License \_\_\_\_\_

Issuing state \_\_\_\_\_ Expiration \_\_\_\_\_  
(Need this info only if writing checks, checks will not be accepted without DL present at purchase)

How did you hear about us? \_\_\_\_\_

### Patient and Appointment Information

Pet's name: \_\_\_\_\_

Date of Birth or approximate age: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

**What is the reason for this visit (circle one)?**

Medical issue/Recheck Apt/Vaccine-Well Pet Visit/Exam for Prescription refill

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Medical/Recheck Exam Visit	Vaccine/Well Pet Visit
What problems are your pet experiencing?	Has your pet ever had a reaction to a vaccine?
When did you first notice this problem?	Is your pet currently on flea, tick, or heartworm prevention? If yes, what product?
Is your pet currently on any medications?	Do you have any health concerns about your pet?
What is your pet's current diet and feeding schedule? Any changes in eating or drinking habits?	How often does your pet go outside?
Is the problem your pet is having now, a reoccurring issue?	Has your pet received vaccines elsewhere? If yes, please bring records or request a records transfer.
Has your pet been seen by another facility for this issue? If yes, please bring records or request a record transfer.	Does your pet visit boarding or grooming facilities, dog parks, or otherwise have exposure to animals outside of your home?
Will you need to have any medications refilled today? If yes, please specify medication and quantity requested. If you this medication is called into a secondary pharmacy please list the pharmacy and phone number below.	

We accept cash, personal checks (with driver's license present), credit cards, and Care Credit. We will gladly prepare written estimates upon request. Payment is due upon time of services unless otherwise approved.