

Antelope Veterinary Hospital  
85 Belle Mill Rd,  
Red Bluff, CA 96080  
(530) 527-4522

**For office use:**

Date: \_\_\_\_\_ Client No.: \_\_\_\_\_

Patient: \_\_\_\_\_

Last name: \_\_\_\_\_

Scanned/Uploaded

**NEW PATIENT REGISTRATION FORM**

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**ALTERED:** YES/NO **SPECIES:** DOG/CAT **BREED:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_

**MICROCHIP NO.:** \_\_\_\_\_

**PREVIOUS VETERINARY CARE PROVIDER (Name/Phone No.):** \_\_\_\_\_

At our hospital, every patient is required to have a current **Rabies vaccination** to be seen by our doctor and staff. Effective March 21st, 2019, all pets are required to have a valid rabies vaccination in order to be seen by a Veterinarian or Veterinary Technician, as per **California State law**. If your pet has received a Rabies vaccination elsewhere, **please provide either your pets' medical records or Rabies Certificate.**

**PATIENT HISTORY**

**PRESCRIPTION(S)** List any prescription(s) your pet currently takes: \_\_\_\_\_

**HEARTWORM PREVENTION** (Dogs): YES/NO If yes, name \_\_\_\_\_ Last given: \_\_\_\_\_

**FLEA/TICK PREVENTION:** YES/NO If yes, name \_\_\_\_\_ Last given: \_\_\_\_\_

**MEDICAL CONDITION(S):** \_\_\_\_\_

**ALLERGIES** (List if known): \_\_\_\_\_

**VACCINE REACTION(S)** (If applicable): \_\_\_\_\_

**AGGRESSION**

- Has your pet ever bitten someone? **YES/NO**

- Has your pet ever attacked another animal? **YES/NO**

- Has your pet ever lunged at/attacked a human? **YES/NO**

**VACCINATION HISTORY** (If known, please check all vaccinations that your pet has received within the past 12 months):

**DOG:**

\_\_\_\_\_ **RABIES 1YR/3YR**

\_\_\_\_\_ **DAPP/LEPTO 1YR**

\_\_\_\_\_ **BORDETELLA 1YR**

**CAT:**

\_\_\_\_\_ **RABIES 1YR/3YR**

\_\_\_\_\_ **FVRCP 1YR**

\_\_\_\_\_ **LEUKEMIA 1YR**

**Signature of Owner/Authorized Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_