

WELCOME

Last Name: _____	First: _____
Title: (circle one) Mr. / Mrs. / Miss / Ms. / Dr.	
Owner Birthdate: _____	
Address: _____	City, State & Zip: _____
Phone: Home: _____	Cell: _____ Work: _____
Email: _____	
Spouse's name: _____	Cell: _____ Work: _____
Referred by: <input type="checkbox"/> Sign <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website <input type="checkbox"/> Recommendation: _____	

NEW PATIENT INFORMATION

Name: _____ Date of Birth (or approximate age): _____
 Canine Feline Other _____ Male Neutered Male Female Spayed Female

Breed: _____
Color/Markings: _____

Identification: Microchip:(brand/#) _____ Tattoo(location/#) _____

How long have you had your pet? _____
Acquired from: Breeder Shelter/Rescue Friend/neighbor Pet Store Stray

Does/will your **DOG** participate in any of the following? Grooming Dog Parks Daycare Show
 Boarding Agility Breeding Hiking in woods Swimming in lakes/ponds

For **FELINES** only: Strictly Indoors Indoor/Outdoor Declawed?: No Yes

When was the last time your pet has visited a veterinarian? _____
Do we have permission to contact the previous Veterinary Hospital(s) in regards to your pet's medical history?
 Yes, Name of Hospital/Veterinarian: _____
 No, I prefer that you do not contact them

Vaccination History: See attached (we will copy) Please contact previous vet No vaccine history
Any surgeries, medical conditions or allergies your pet has been treated for in the past?

Please list any medication, vitamins, heartworm or flea/tick prevention your pet is on:

Feeding: What brand? _____ How much? _____ How often? _____

Reason for visit, concerns or any additional information regarding your pet:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.
I assume responsibility for all charges incurred in care of this animal. I give permission for my pet(s) picture or information to be published. Yes/No.

Owner's Signature: _____ Date: _____