

NEW PATIENT INFORMATION SHEET

Owner's Last Name: _____ First Name: _____

Spouse's or Significant Other's Name: _____

Street Address: _____

City, State, Zip: _____

Home, Phone Number: _____

Employer: _____ Work Phone Number: _____ Cell # _____

Social Security Number (optional) _____

Spouse's Employer: _____ Work Number: _____ Cell # _____

How did you first hear of us? (Yellow Pages, etc.) _____

email address: _____

Pet's Name: _____

Species (Circle One): Dog Cat Bird Rabbit Ferret Other

Sex: Female Female Spayed Male Male Neutered

Breed: _____ Color: _____

Date of Birth: _____

Date of Last Vaccines: Rabies _____ Distemper _____
 Leptospirosis _____ Lyme _____
 Bordetella _____ Feline Leukemia _____
 Coronavirus _____

Has your dog been Heartworm tested? Negative or Positive?

Has your cat been Leukemia tested? Negative or Positive? FIV tested? Neg or Pos?

Any known allergies? _____

Any significant chronic problems? _____

Reason for your visit today? _____

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume all responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of the visit.

Owner's or agent's signature _____

Note: For payment by check, your full address must be printed or written on the check. Unfortunately, we do not accept starter checks. We also will need your driver's license and date of birth. There is a \$25 fee for any checks returned to this establishment.