

**NEW PATIENT INFORMATION**

Client # \_\_\_\_\_

Owner's Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Spouse/Co-Owner:(Last, First) \_\_\_\_\_

**\*\*Listed owner must be at least 18-years of age and responsible for making medical decisions and for account finances.**

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Spouse Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

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How did you select our hospital? \_\_\_\_\_ Enter name if referral \_\_\_\_\_

**PET INFORMATION**

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

Species: (Circle One) Dog Cat

Sex: (Circle One) Female -or- Female Spayed Male -or- Male Neutered

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ *If unknown, enter approx. age* \_\_\_\_\_

Where was pet obtained? \_\_\_\_\_ Is your pet microchipped? If yes, number: \_\_\_\_\_

Date Last Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper \_\_\_\_/\_\_\_\_/\_\_\_\_ Where Vaccinated? \_\_\_\_\_

Vaccinated: Lepto \_\_\_\_/\_\_\_\_/\_\_\_\_ Bordetella \_\_\_\_/\_\_\_\_/\_\_\_\_

Lymes \_\_\_\_/\_\_\_\_/\_\_\_\_ Feline Leukemia \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your *cat* been Leukemia/FIV tested? Yes No Result: Neg/Neg Neg/Pos Pos/Pos Pos/Neg

Has your *dog* been Heartworm tested? Yes No Result: Neg. Pos. Date last tested \_\_\_\_\_

Is your *dog* on Heartworm Preventative? Yes No Brand: \_\_\_\_\_

Previous or current problems: \_\_\_\_\_ Been/Being Treated? \_\_\_\_\_

Does your pet have any known allergies? \_\_\_\_\_ Been/Being Treated? \_\_\_\_\_

**\*Charges are due at time of visit. We accept Visa, Mastercard, Care Credit, Cash or Check.**

Driver License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ WE DO NOT BILL \_\_\_\_\_

Please Initial