

# New Patient Form



## Owner Information

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Signature: \_\_\_\_\_

## Co-Owner/Spouse Information

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

(NOT yourself)

What is your email address?? \_\_\_\_\_

(this will be used for appointment reminders)

Where did you hear about our clinic? \_\_\_\_\_



Please read the following statements in their entirety and initial

ALL FEES ARE DUE AT TIME OF SERVICE: \_\_\_\_\_

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS, DEBIT CARDS AND CARE CREDIT. WE CANNOT EXTEND THE PRIVILEGE OF CHARGING SERVICES AS THIS PUTS US IN THE POSITION OF BECOMING A LENDING INSTITUTION: \_\_\_\_\_



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## Pet Information

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Species: Cat or Dog  
Color: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Female or Male Spayed or Neutered

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Color: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: Female or Male Spayed or Neutered

Where has your pet been to a veterinarian before? \_\_\_\_\_

What prior illness, surgery or drug allergies should we know about? \_\_\_\_\_  
\_\_\_\_\_

What brand of food do you feed your pet? \_\_\_\_\_

How much and how often do you feed your pet? \_\_\_\_\_

Is your pet on flea and tick preventative? \_\_\_\_\_ What kind? \_\_\_\_\_

How many months of the year are you treating for fleas and ticks? \_\_\_\_\_

Is your pet on heartworm preventative? \_\_\_\_\_ What kind? \_\_\_\_\_

How many months of the year are you treating for heartworm? \_\_\_\_\_

Has your pet been microchipped? \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Thank you for giving our clinic the opportunity to care for your pet. In the future, please notify the clinic of any changes to your address and phone number.\*\*\*