

New Patient Form



Date: _____, 20____

Primary Owner Information

First: _____ MI: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Type: _____

Secondary Phone #: _____ Type: _____

Email Address: _____

Employer: _____ Phone # _____ Ext: _____

Secondary Owner Information

First: _____ MI: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Type: _____

Secondary Phone #: _____ Type: _____

Email Address: _____

Employer: _____ Phone #: _____ Ext: _____

Emergency Contact (other than listed owners)

Name: _____ Phone #: _____ Ext: _____

How did you hear about us: _____

Preferred form of contact:



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: _____

ONLY THE PRIMARY ACCOUNT HOLDER CAN MAKE CHANGES TO YOUR ACCOUNT: _____



Pet Information

Pet Name: _____ *Breed:* _____

Species:

Color: _____ *Birth Date:* _____ *Sex:*

Status:

Pet Name: _____ *Breed:* _____

Species:

Color: _____ *Birth Date:* _____ *Sex:*

Status:

Pet Name: _____ *Breed:* _____

Species:

Color: _____ *Birth Date:* _____ *Sex:*

Status: _____

Which veterinary clinic have your pet(s) been previously? _____

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 brand? _____

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

Is your pet on heartworm preventative? _____ What brand? _____

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 or phone number. ☆☆☆