



New Patient History

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*Client Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Employer: _____

Emergency Contact: _____ Phone: _____

Email: _____

How did you hear our practice? _____

Reason for visit: _____

*Pet Information

Pet's Name: _____ Dog ___ Cat ___ Other: _____

Sex: M ___ F ___ Birthdate/age: _____ Neutered/Spay Y ___ N ___

Breed: _____ Color: _____

Describe your pet's diet (Brand): _____

Current Medications: _____ Allergies? _____

Any other animals in the household? _____

Any symptoms or problems that you noticed about your pet? _____

*Date of Last Vaccines

Distemper: _____ Rabies: _____ Kennel Cough (Dogs): _____

Lepto (Dogs): _____ Date of Heartworm Test: _____

Is your pet on Heartworm/Flea Prevention? _____

Previous Veterinarian: _____

*Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit of the estimated cost will be required for surgical treatment.

Signature of Owner: _____ Date: _____