



New Patient Form

Owner Information

Owner's Name: _____ Spouse Name: _____
Mailing Address: _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____
E-mail Address: _____ Preferred Method of Contact: _____
Driver's License No. _____

Basic Patient Information

Patient's Name: _____ DOB: _____ Color: _____
Breed: _____ Sex: Female Male Spayed Neutered
Does your pet have a microchip? Yes No
If so, what is the I.D. number of the microchip? _____

Patient Diet/Activity Information

Typical Food (i.e. brand, variety, wet, dry, etc.): _____ Amount: _____
Which fits your pet's living arrangement? Indoors Outdoors Both
If you answered "Both", about how many hours is your pet outside daily? Inside?

Patient Medical History

Please bring any and all of your pet's previous medical records to your visit.

Specific Medical History: _____

Does your pet have any known allergies or reactions to any medication or food? Yes No

If you answered "Yes" above, please elaborate here: _____

Is your pet up-to-date on vaccinations? Yes No

Is your pet on heartworm prevention? Yes No. If yes, Seasonal Year-round

Is your pet on flea and/or tick preventative? Yes No

Are you coming from a different doctor or hospital? Yes No

If "Yes": Name of doctor/hospital: _____

Address: _____ Phone # _____

Payment Policy

Professional fees are to be paid at the time services are rendered. We do not bill. It is our policy to provide a written estimate of fees whenever hospitalization or emergency care is needed. A late charge is applied to all accounts unpaid after 30 days. Late charges are computed by a periodic rate of 1.5% per month, which has the annual rate of 18.0%.