

NEW CLIENT/ PATIENT INFORMATION

Owner Information

First Name: _____ Last Name: _____

Alternate Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Driver's License Number: _____

Employer: _____

Email Address: _____

Patient Information

Pet's Name: _____

Species: _____

Breed: _____

DOB: _____

Color: _____

Vacc Current? Yes ___ No ___

Male _____ Female _____

Spayed/ Neutered? Yes ___ No ___

Patient Information and History

What is the reason for the visit today and how long has it been present? _____

What diet is the patient on and how much is fed per day? _____

Are there any pre-existing medical conditions, allergies, or previous surgeries? If so, please explain. _____

When did the patient last eat and drink? _____ How much? _____

Any coughing, sneezing, vomiting, diarrhea, excessive urinating, excessive drinking or other unusual behaviors observed within the last few days? If so, please state what and how often. _____

Are there any other issues, problems, questions, or concerns you have or that we should be aware of? _____

Referral Information

Referring Veterinarian's Name: _____

Referring Hospital's Name: _____

Date patient was seen by referring veterinarian: _____ Phone Number: _____

Did you bring the medical record ___ blood work ___ X-rays ___ or other diagnostics ___ from the referring veterinarian? If other, please list what diagnostics? _____

I am the owner and/or agent of the above animal and have the authorization to consent to treatment if and when it is needed. I understand that a deposit is required before surgery or extensive medical procedures, and that payment in full must be made at the time of discharge.

Signature: _____ Date: _____