

+ new patient form



Client Information

Name _____ Mobile Phone _____ Home Phone _____
 Address _____ Work Phone _____ Employer _____
 City _____ State _____ Zip _____ Second Owner Name _____
 Email _____ Second Owner Phone _____

Patient Information

Pet #1

Pet #2

Pet #3

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Date of Birth			
Species & Breed			
Color			
Sex (Spayed/Neutered?)			
Any previous illnesses or surgeries?			
Any allergies to vaccinations or medications?			
Any special diets or medications?			
Date of Last Vaccination:			
Rabies			
Distemper (DAPP/FVRCP)			
Kennel Cough (Bordetella)			
Lyme Disease			
Feline Leukemia (FELV/FIV)			
Date of Last:			
Fecal test			
Heartworm test			
Deworming			
Flea prevention			
Heartworm prevention			

Previous Veterinary Hospital _____ Phone Number _____

How did you become aware of our clinic? Website Yelp Drove By Other _____
 Personal Referral (whom may we thank?) _____

Professional fees are to be paid at the time of discharge. We accept debit cards, major credit cards, Care Credit, or cash.
 We will gladly prepare a written estimate if you desire.

I AM RESPONSIBLE AND AGREE TO PAY IN FULL THE TOTAL CHARGES FOR SERVICES RENDERED AT THE TIME OF DISCHARGE AND ANY FEES INCURRED FOR COLLECTION OF SAID CHARGES. I UNDERSTAND THAT THE FEES ARE BASED ON TREATMENT DEEMED NECESSARY AT THE TIME OF EXAM, TREATMENT OR ADMISSION AND THAT THE ESTIMATE FEE MAY BE RAISED OR LOWERED BY THE ADMINISTRATION OF TREATMENT, MEDICATION, SURGERY OR DIAGNOSTIC TEST.

Signature _____ Date _____

Signature of person presenting this pet for treatment if other than owner _____

Name _____ Relationship to Owner _____

Full Address _____ Telephone _____