



NEW PATIENT INFORMATION FORM

PET INFORMATION

Owner's Name: _____ Client #(office use only): _____

Pet's Name: _____ Species: _____ Breed: _____

Description (Color): _____ Sex: _____ Neutered: ___ YES ___ NO

Age: _____ Date of Birth: _____ Personality: _____

Please indicate how long you have owned your pet and where he/she was originally obtained: _____

Please list the entering complaint/reason for today's visit: _____

Please list any ongoing medical problems: _____

Please list any prior medical problems, surgeries, dentistry's, or injuries/trauma: _____

Please list any current medication(s): _____

Please list any known reactions/allergies to medications, vaccines, or anesthetics: _____

Current Diet: _____ Other Pets in Household: _____

Please indicate if your pet boards at a kennel: ___ goes outside (cats only): ___ or lives/plays in a wooded area: ___

List date(s) of most recent vaccinations: _____

Previous Veterinarian or Animal Hospital, if any: _____

PLEASE LIST ANY ADDITIONAL INFORMATION ABOUT YOUR PET THAT YOU WOULD LIKE US TO KNOW, OR ANY IDEAS/SUGGESTIONS YOU MIGHT HAVE FOR OUR HOSPITAL: _____

THANK YOU!