



NEW PATIENT INFORMATION FORM

PET INFORMATION

Owner's Name:	Client # (office use only):	
Pet's Name:	Species:	Breed:
Description (Color):	Sex:	Neutered: YES NO
Date of Birth:	Age:	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, 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)	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 you would like us to know or any ideas/suggestions you might have for our hospital:

THANK YOU!