



New Patient and Client Information Sheet

Welcome to our practice! For your convenience, you may print and fill out the following form and bring it to your pet's appointment, or save it as a pdf and send it our way.

So that we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide compassionate, comprehensive care to all pets. We offer veterinary care and lodging for your best friends.

Patient Information

Pet's Name: _____

Sex: Male _____ Female _____ Neutered/Spayed? Yes _____ No _____

Species: Dog _____ Cat _____

Pet's Date of Birth (Month/Day/Year) _____ / _____ / _____

Breed _____ Color _____

Reason for Bringing Pet In:

Does your pet have any allergies, special medications, or health problems we should know about? If yes, please describe:

What type of food does your dog eat? _____

How much food do they get (am/pm)? _____

Treats? _____



Dates of Last Vaccinations (If Known)

DOGS

DHPP (Distemper/Adenovirus/Parainfluenza/Parvovirus): _____

Rabies: _____ Kennel Cough: _____ Lyme: _____

Lepto: _____ CIV (Canine Influenza): _____

Heartworm Test: _____

Is your dog on heartworm and flea preventative? If so what type?

CATS

FVRCP (Rhinitis/calicivirus/panleukopenia): _____

Rabies: _____ Leukemia: _____

Is your cat on heartworm and flea preventative? _____

Where were your most recent vaccinations given, or who is your previous veterinarian? We will be happy to call and obtain your records for you before your visit.

Client Information

First name _____ Last name _____

Partner's First & Last Name _____

Address _____ City _____

State _____ ZIP _____

Your Cell Phone (_____) _____

Your Partner's Cell Phone(_____) _____



Your Home or Work Phone (If Applicable) (_____) _____

Email address _____

How did you find our clinic? _____

At our practice, payment is required when services and products are rendered. For your convenience, we accept cash, check, major credit cards, Care Credit, and even offer secure “Pay Online” links that can be sent right to your cell phone or email.

I verify that all information provided is accurate.

Date: _____