



NEW PATIENT INFORMATION



Thank you for entrusting us with another family member!
So that we may be better able to meet your needs, please complete the following:

Pet's Name: _____
Species: Canine Feline Other _____
Breed: _____
Date of Birth: yyyy-mm-dd
Color: _____
Gender: Male Female
Is your pet spayed or neutered Yes No
Microchip: _____
Tattoo: _____
Serious health problems: _____

Drug allergies: _____
When was this pet's last veterinary exam? yyyy-mm-dd
Vaccination history (Date and type of last vaccinations):
yyyy-mm-dd _____
yyyy-mm-dd _____

Dates of last lab tests:
Heartworm (Dog): Feline Leukemia (Cat):
Fecal Check / Worming:

AUTHORIZATION FOR EXAMINATION, TREATMENT AND ASSUMPTION OF FINANCIAL RESPONSIBILITY

I, the undersigned, authorize the veterinarian (s) and their staff to examine the patient described above and to administer any medical, surgical treatments and / or tests, including sedation or anesthesia which is considered necessary based on findings during the course of examinations.

I assume responsibility for all charges incurred for services rendered to the patient. I understand there is a \$30.00 service charge for returned checks. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalization and / or surgery.

Signature of owner of responsible agent (18 years oR older)

Date