

DATE _____

NEW PATIENT HISTORY RECORD

ID# _____

CLIENT NAME _____

☐ **New Information**

Updated address and phone # information _____

Social Security Number(s) _____ **Driver's License Number(s)** _____

E-mail address _____ **Would you like to receive reminders by E-mail?** **Y** **N**

PATIENT INFORMATION:

Pet's Name _____

Species _____ **Breed** _____

Color/Markings _____

Date of Birth ____/____/____ ☐ Male ☐ Female ☐ Neutered/Spayed ☐ Declawed (feline)

VACCINATION HISTORY: (Please enter **DATE** of last vaccinations and/or tests)

DOGS

_____ DHLPP Vaccination
_____ Lepto Vaccination
_____ Corona Vaccination
_____ Rabies 1yr 3yr
_____ Bordatella/Kennel Cough
_____ Lyme Vaccination
_____ Heartworm/Lyme test
_____ On Heartworm Prevention
_____ Fecal Test (parasites)

CATS

_____ RCP Distemper Vaccination
_____ Leukemia Vaccination
_____ Rabies Vaccination 1 3
_____ FIV Vaccination
_____ FIP Vaccination
_____ Leukemia Test + -
_____ FIV Test + -
_____ Fecal Test (parasites)

Any chronic illnesses? _____ **Treatment** _____

Previous surgeries or problems? _____

Current Problem? _____

When did you first notice this? _____

List any known drug allergies _____

Is pet inside or outside? _____

Has your pet's behavior changed in any way? _____ **Explain** _____

To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and free of internal and external parasite.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES THAT ARE INCURRED AND THAT THEY ARE PAYABLE WHEN SERVICES ARE RENDERED.

SIGNATURE: _____

THANK YOU FOR GIVING US THE OPPORTUNITY TO SERVER YOU!