

DATE _____

NEW CLIENT-PATIENT HISTORY RECORD

ID# _____

We welcome you to our clinic. We sincerely hope you will always feel free to ask any questions or discuss any problems relating to the well-being of your pet. Since complete records are essential for the best possible medical services, we ask that you take a few moments to fill out this questionnaire. Please answer all the questions to the best of your ability and print clearly.

THANK YOU FOR GIVING US THE OPPORTUNITY TO SERVE YOU!

CLIENT INFORMATION:

Name _____ Spouse _____
 Address _____ City/State _____ Zip _____
 Home Phone(____) _____ Business Phone(s)(____) _____
 May we call you at work? Y N (____) _____
 Driver's License Number(s) _____ Cell Phone(s)(____) _____
 Social Security Number(s) _____ (____) _____
 E-Mail Address _____ Would like to receive reminders by E-mail Y N
 Personal Recommendations (whom may we thank?) _____

Please Indicate Choice of Payment Today: _____ CASH _____ CHECK _____ CREDIT CARD

PATIENT INFORMATION:

Pet's Name _____ Species _____ Breed _____
 Color & Markings _____
 Date of Birth ____/____/____ Male _____ Female _____ Neutered/Spayed _____ Declawed _____

VACCINATION HISTORY: (please enter **DATES** of last vaccinations)**DOGS**

_____ DHLPP Distemper Vaccination
 _____ Corona Vaccination _____ Lepto Vaccination
 _____ Rabies Vaccination 1 3
 _____ Bordatella (Kennel Cough)
 _____ Heartworm/Lyme Test _____ On Prevention
 _____ Lyme Vaccination
 _____ Fecal Exam (worms)

CATS

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

Any Chronic Illnesses? _____ Treatment _____

Previous surgeries or problems? _____

Current Problem? _____

When did you first notice this? _____

List any known drug allergies _____

Is the 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 parasites. I authorize the doctor(s) to provide vaccines and parasite control as needed for my pet. _____ (Initial)

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

SIGNATURE _____