**Pet/Patient Information**

**Please fill out one New Patient Form for each pet.**

**Confirm Client Name**

First Name: Last Name:

Primary Contact Number: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet Information**

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth (or approx. age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you obtain your pet and approximately how old was he/she when you got him/her?

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**Vaccination status**: Please provide the month and year of your pet’s latest vaccination AND which veterinarian/veterinary hospital administered them. If not known, state whether your pet is up to date or not and where the previous vaccines were performed.

Canine Feline

 ● Rabies ● Rabies

 ● Distemper combo ● Distemper combo

 ● Bordetella/Kennel Cough ● Leukemia

 ● Leptospirosis ● Annual Fecal test

 ● Lyme ● FelV/FIV test

 ● Influenza

 ● Annual Fecal test

 ● Heartworm test

 Please list name of past veterinary hospital where vaccines were completed if you would like us to

 obtain records. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet microchipped? If so, can you please provide the number and who it is registered with?

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**Medical History and Diet**

Please list any past medical or surgical issues your pet has experienced.

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Please list current or recent medications, supplements, or nutraceuticals. Please list the names and doses if known:

Name Dose

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your pet ever traveled outside of the state? If so, where and when?

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Does your pet have any allergies to vaccines, medications or food? If so, please provide details.

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Current diet, including treats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Housing: Indoor\_\_\_\_\_ Outdoor\_\_\_\_\_ Indoor/Outdoor\_\_\_\_\_

Is your pet supervised while outside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_