



New Patient Information (Dog/Cat)

Pet Name: _____ Owner Name: _____

Species: Dog Cat Breed: _____ Color(s): _____

Sex: Male Female Unknown DOB (or age, if date unknown): _____

Spayed/Neutered? Yes No Unknown Age at spay/neuter (approx.): _____

Where did you acquire your pet? _____ When? _____

Previous vet (name, location): _____ Date of last visit: _____

Does your pet have any chronic health issues (skin issues, GI problems, ear infections, etc.)?

Is your pet currently on heartworm preventative? Yes No Which product? _____

Is your pet currently on flea/tick preventative? Yes No Which product? _____

Current medications and doses: _____

Has your pet had any serious illnesses, or required hospitalization? If yes, please explain.

Has your pet ever required surgery (other than spay/neuter)? If yes, please explain.

Is your pet especially anxious/fearful or cranky at the vet? If so, what helps make visits easier?

Anything else we should know about your pet?
