New Pet Form

Name of Owner: ___________________________________________ Acct# ________

Name of Pet: ________________________________________________

Cat: _______________ Dog: _______________ Other: _______________

Breed: ____________________________ Color: ____________________

Sex:   Male: _______________________ Male Neutered: _______________
       Female: _____________________ Female Spayed: ________________

Birthday: Mo: _________ Day: __________ Yr: _________ Age: _________

Have you had any pets here before? Yes   No (circle one)
How do you view your pet(s) in terms of overall health concerns/issues:
   ________ As a family member (concerned about all health issues/recommendations)
   ________ As a pet (not as concerned about all preventative and wellness health issues)

Where did you get your pet: ____________________________________________

How long have you owned your pet: ______________________________________

Do you plan to breed your pet? Yes   No (circle one)

What brand of food that goes in his/her mouth, including table scraps and treats:
   _________________________________________________________________

We offer boarding- Will you ever have the need to board your pet? Yes   No (circle one)

Is your pet on a preventative program for controlling external parasites, such as fleas and ticks? Yes   No (circle one)

Is your pet on a preventative program for controlling internal parasites (heartworm, hookworm, roundworm, etc)? Yes   No (circle one)

Where does your pet sleep? ____________________________________________

Has your pet been microchipped or tattooed? Yes   No (circle one)
   If yes, which program and ID # _______________________________________

Has your pet ever had dental care (either prophylaxis or Home dental care)? Yes   No (circle one)

Do you understand the health benefits for your pet of regular dental cleaning? Yes   No (circle one)

What prior illness or health issues has your pet had? Does your pet have any drug allergies? Did you bring any previous health/medical records for this pet from another veterinarian?
   ___________________________________________________________________
   ___________________________________________________________________

   ___________________________________________________________________
   ___________________________________________________________________