



New Patient History Form

PET INFORMATION

Pet's name _____ Species _____

Breed _____ Color _____

Date of Birth/approximate age _____ Female _____ Male _____ Spayed _____ Neutered _____

Name of previous veterinarian _____

Would you like for us to contact them to get your records transferred? _____

Current Medications _____

History of allergic reactions _____

Any behavioral issues? _____

Number of hours spent outside during the day _____

Other pets in the house _____

How did you acquire this pet? _____

Does your pet get regular exercise? _____

Please list any previous surgeries _____

What is the primary purpose of this pet? Companion Protection Service Animal

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

Do we have your permission to use your pets photo on our website and social media sites? If yes, please initial _____