



MIDDLE CREEK  
Veterinary Hospital & Exotic Animal Clinic

# Canine or Feline New Patient Information

New form for each animal unless EXACTLY the same (littermates, etc.)

## Getting to Know Your Pet

Species: Canine (Dog) \_\_\_\_\_ Feline (Cat) \_\_\_\_\_

Name \_\_\_\_\_ Nickname (if applicable) \_\_\_\_\_

From where and when did you acquire this animal? \_\_\_\_\_

Date of Birth (if known) \_\_\_\_\_ Age (or approximate) \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Altered or "Fixed": Spayed (Females) \_\_\_\_\_ Neutered (males) \_\_\_\_\_

Breed \_\_\_\_\_ Purebred \_\_\_\_\_ Mixed \_\_\_\_\_ Unknown \_\_\_\_\_

Color and Markings \_\_\_\_\_

## Previous Veterinarian

Has this animal previously been to a veterinarian? \_\_\_\_\_ Yes \_\_\_\_\_ No Last Visit (or approx.) \_\_\_\_\_

Name and Location (city, state) of Previous Veterinary Hospital(s) and Veterinarian(s) (if specific): \_\_\_\_\_

Do you have copies of your pet's full medical record? (If yes, please email copies prior to appt.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like for us to contact your previous veterinarian to get your records transferred? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Medical History

List any relevant medical conditions that your pet was PREVIOUSLY treated for but is no longer receiving treatment. This may include conditions such as surgeries, injuries, or illnesses that do not require lifetime therapy.

List any CURRENT diseases or diagnoses that your pet has and is being treated for. \_\_\_\_\_

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List any medications or supplements that your pet is currently being given, including dose, frequency, and length of treatment. Please also include supplements such as vitamins, glucosamine. (Ex: carprofen 25mg, 1/2 tablet morning and night, has been taking intermittently since February 2011):

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Please BRIEFLY describe any additional concerns that you would like to specifically address during your visit.

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Has your pet ever had a severe allergic reaction? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

## Home Life

What is the primary purpose of this pet? Companion to Humans \_\_\_\_\_ Companion for Other Pet(s) \_\_\_\_\_  
Protection of Person/Property \_\_\_\_\_ Service Animal \_\_\_\_\_ Emotional Support \_\_\_\_\_ None \_\_\_\_\_

Where does this pet spend their time? Completely Indoor \_\_\_\_\_ Mostly Indoor \_\_\_\_\_ Mix Indoor/Outdoor \_\_\_\_\_  
Mostly Outdoor \_\_\_\_\_ Completely Outdoor \_\_\_\_\_

Approximate number of hours spent outside daily \_\_\_\_\_

What is your pet's average activity level?

Highly Active (hiking, running, working, swimming, long periods of play, an hour or more daily) \_\_\_\_\_  
Moderately Active (frequent walks, running errands with family, daily play time, between 30 min to 1 hr daily) \_\_\_\_\_  
Lightly Active (occasional walks, play times, less than 30 min daily) \_\_\_\_\_  
Couch Potato (as little activity as possible) \_\_\_\_\_

What other pet(s) are in the home? Does this pet have any interaction with the others? \_\_\_\_\_

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## Food and Diet

What does this animal eat? (Check all that apply): Dry Food/Kibble \_\_\_\_\_ Wet/Canned Food \_\_\_\_\_ Raw Food \_\_\_\_\_  
Dehydrated Food \_\_\_\_\_ Completely Homemade Diet \_\_\_\_\_ Some Human Food (specifically made for them) \_\_\_\_\_  
Some Human food (table food) \_\_\_\_\_ Treats \_\_\_\_\_ Other Resident Animal(s) Food \_\_\_\_\_ Kitty Box Treats \_\_\_\_\_  
Wildlife/Bugs \_\_\_\_\_ Who knows?? (roams outdoors, neighbors, kids feed, etc) \_\_\_\_\_

What is the brand and type/flavor of food that your pet eats? What amounts of each type of food does your pet eat and how often? Please be as SPECIFIC as possible. We use this information when we calculate calories and create diet plans.

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## Other Facts, Quirks, and Preferences

Does your pet have any behavioral issues (barking, separation anxiety, destroying things, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list or briefly describe \_\_\_\_\_

Is your pet generally food motivated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any favorite foods/treats that we can use to help your pet have a good experience during their visit?

\_\_\_\_\_

Are there any places that your pet HATES to have touched (ears, feet, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know

If yes, which area(s)? \_\_\_\_\_

Has your pet ever bitten or scratched someone during a veterinary visit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you know why (pain, fear, mishandling, etc.)? \_\_\_\_\_

Is there anything else that you would like us to know before your visit today? \_\_\_\_\_

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