



# New Patient Form

Pet's Name: \_\_\_\_\_ Dog Cat

Age/Birthdate (or best guess): \_\_\_\_\_

Sex: Male Female Neutered Spayed At what age? \_\_\_\_\_

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

Has this pet ever lived in a different state or country?  Yes  No if yes, where? \_\_\_\_\_

How did you obtain this pet? Breeder Friend Rescue stray other \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

Where do you keep your pet? Inside ONLY Indoor/outdoor Outside run/pen other \_\_\_\_\_

How much time of your pet's day is spent outside on average? \_\_\_\_\_

Do you have any other pets? Yes No if yes, how many? \_\_\_\_\_

What kind of food does your pet eat? (Brand, treats) \_\_\_\_\_

What type of food? Wet Dry Canned Table scraps

Current medications/supplements (include Heartworm and Flea meds): \_\_\_\_\_

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

Please list any previous medical conditions your pet has had: \_\_\_\_\_

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

What are your current health concerns, if any, for your pet?

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

Any additional information or concerns you would like to share with us about your pet? \_\_\_\_\_

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