

## New Patient Form

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Date of Birth or Approximate Age: \_\_\_\_\_ Canine Feline

Breed: \_\_\_\_\_ Male Male Neutered Female Female Spayed

Previous Veterinarian, if any: \_\_\_\_\_

Any previous health issues: \_\_\_\_\_

Current Medications (Including supplements, heartworm preventatives, flea/tick preventatives): \_\_\_\_\_

What is your pet's primary diet? \_\_\_\_\_

How much and how often do you feed your pet? \_\_\_\_\_

Does your pet attend daycare or stay at a boarding facility? \_\_\_\_\_

Do you travel with your pet? \_\_\_\_\_ If yes, where (dog parks, camping, hiking)? \_\_\_\_\_

Where do/did you acquire your pet from \_\_\_\_\_

Is your pet vaccinated? Yes No

How did you hear about us? \_\_\_\_\_

**Photo Consent:** Do we have permission to share your pet's image on social media, our website or other forms of related media? Your name and personal information will never be shared. Yes No

**During the hours not specified as "business hours" there are times when hospitalized pets will be unattended.** During many of these non-business hours, we have trained staff in attendance who are able to perform duties as instructed by our staff of veterinarians. The veterinarians, themselves, are in the hospital both during and after hours working on hospitalized animals dictated by the patient's needs. Those cases that are in need of constant, critical care and/or monitoring are advised to transfer to a facility that is able to care for those needs. It is up to the owner's discretion how he/she chooses to comply with the recommendations of our veterinarian caring for their pet. In each and every case we feel our suggestions are always in your pet's best interest.

**Treatment Consent:** 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 this animal and understand that payment is due in full at the time of service.

I confirm that the above information is correct and that I am the owner or authorized agent of the patient listed above.

Owner or authorized agent signature: \_\_\_\_\_ Date: \_\_\_\_\_