



Advanced  
ANIMAL CARE

# WELCOME

## New Patient Form

### CLIENT INFORMATION

Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Sex:  M  F  Minor  Single  Married  Long-Term Partner  Divorced  Widowed  Separated  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_  
In case of emergency, who should we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

### PET INFORMATION

Pet's Name: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_  
Age/Birthdate: \_\_\_\_\_ Sex:  M  F Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Neutered/Spayed?  Yes  No At what age? \_\_\_\_\_  
Where did you obtain this pet?  Friend  Breeder  Pet Shop  Humane Society  Other: \_\_\_\_\_  
At what age was pet obtained? \_\_\_\_\_ months / years  
For what purpose was this pet obtained?  Companionship  Protection  Breeding  Show  Other  
Diet (kind of pet food): \_\_\_\_\_  
Pet's History (check all that pet has received):  
 DHLP (distemper - dog)  Feline Leukemia Test (cat)  
 Parvovirus (dog)  Dentistry  
 FVRCP (infectious disease - cat)  Prior illness: \_\_\_\_\_  
 Rabies (dog/cat)  Prior surgery: \_\_\_\_\_  
**Describe the reason for pet's visit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT

We will gladly prepare a written estimate if you desire (please ask our receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of expensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of the treatment. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s): \_\_\_\_\_ Date: \_\_\_\_\_