

New Patient Information Form

Owner's Name: _____ Pet's Name: _____

Dog ____ Cat ____ Other (if other please specify): _____

Male ____ Female ____ Neutered ____ Spayed ____

Breed: _____ Color: _____

Age or Birthday: _____

Does your pet have a Microchip? Yes ____ No ____

Vaccination / Medical History



Canine (Please specify dates below)

<p>DHPP: _____ Commonly known as a "Distemper Vaccine". This combination vaccine consists of Distemper, Hepatitis, Parvovirus and Parainfluenza inoculations.</p>	<p>Lepto: _____ Leptospirosis: May be given in conjunction with the Distemper vaccine or as a single annual vaccine when the DHPP is on a three-year schedule.</p>
<p>Bordetella: _____ Commonly known as "kennel cough". Grooming and kennel facilities are high-risk environments for these contagious organisms.</p>	<p>Rabies: _____ This vaccine can be on an annual or every three-year schedule. This vaccine is required by law.</p>
<p>Fecal Exam _____ Negative / Positive (circle one) if positive, please specify _____</p>	<p>Heartworm Test: _____ Negative / Positive (circle one) Recommended annual blood test.</p>



Feline (Please specify dates below)

<p>FVRCP: _____ Commonly known as a "Distemper Vaccine". This combination vaccine includes Panleukopenia, Calici virus and rhinotracheitis.</p>	<p>FELV: _____ Feline Leukemia. Annual vaccine given to pets thought to be at risk.</p>
<p>Rabies: _____ This vaccine is required by law.</p>	<p>FELV/FIV Test: _____ (Feline Leukemia/Feline Immunodeficiency Virus) Negative / Positive (circle one)</p>
<p>FIV Test: _____ Negative / Positive (circle one)</p>	<p>Fecal Exam _____ Negative / Positive (circle one) if positive, please specify parasite _____</p>

By signing this form I understand and accept financial responsibility for all charges incurred for the pet listed above.

Owner's Signature _____ Date _____