

Hambrick Animal Clinic --- New Patient Form

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. We look forward to working with you in maintaining your pet's health.

CLIENT INFORMATION

Owner Name: _____ Home Phone: _____ Cell: _____
Spouse/Co-Owner: _____ Home Phone: _____ Cell: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Alternate Emergency Contact: _____ Phone: _____
Employer: _____ Occupation: _____

PET INFORMATION

Pet's Name: _____ Dog Cat Other _____
Breed: _____ Color/Markings: _____
Birthdate: _____ Age: _____ Sex: _____ Spayed/Neutered: Yes No
How long have you had this pet? _____ How old when spayed/neutered? _____
Where did you get this pet? Breeder Pet Shop Rescue/Shelter Friend
 Stray Other: _____

PET HISTORY

Reason for visit: _____
Symptoms: _____
Eating/Drinking normally? yes No Type of food: _____
Current Medications: _____
Allergies: _____

Check all that pet has received ***previously***:

Dog: Rabies DHLPP (Distemper) Parvovirus Kennel Cough Lepto Dentistry

Cat: Rabies FELV/FVRCP Vaccine Feline Leukemia Test FIV Vaccine Dentistry

Name of Clinic where prior vaccines were given: _____

Describe any:

Prior Illnesses _____

Surgeries _____

We will gladly prepare an estimate of service fees if you desire. (Please see receptionist or our doctor). All professional fees are due at the time services are rendered.

To prevent the spread of infectious diseases, all hospitalized patients are required to be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and consent to treat and diagnose your pet.

Signature: _____ Date: _____