

Welcome

Hartsdale Veterinary Hospital New Patient Information Form

Client Information:

Today's Date _____

Owner's Name (Mr./Mrs./Ms/Dr.) _____ Spouse/Other _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone _____
Cell Phone () _____
In Case of Emergency Please Call: Name _____ Phone _____

Patient Information:

Pet's Name _____ Date of Birth _____

Type of Animal: Dog ? Cat ? Other ? _____

Sex: Male ? Female ? Spayed/Neutered ?

Breed _____ Color _____ Weight _____ (lbs)

Other Pets in Household? (Please List if Any) _____

Most Recent Vaccine History:

<u>Dogs:</u>	<u>Dates:</u>	<u>Cats:</u>	<u>Dates:</u>
DHPP	_____	FVRCP	_____
Rabies	_____	Rabies	_____
Lyme	_____	Leukemia	_____
Bordetella	_____	Fecal	_____
Leptospirosis	_____		
Heartworm Test	_____		
Fecal	_____		

Previous Vaccine Reactions? _____

Allergies? _____

Current Medications, if any (Please List) _____

How Did You Hear About Us? Friend ? (Please List) _____

Phone Book ? (Which One?) _____ Location ? _____

Authorization:

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. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____