



Date: _____

New Patient Information Sheet

Owner Information:

Last Name: _____ First Name: _____ MI: _____

IMPORTANT

If you, the owner, are not present during an exam, treatment, procedure or surgery it is very important that we have a current phone number in order to reach you at ANYTIME during such treatments, procedures or surgeries. Please update this information regularly to avoid miscommunication.

*****Please check the box next to the number that you can be reached at ANY GIVEN TIME.*****

Home Phone: _____ Cell Phone: _____

Street Address: _____ Apt/Unit#: _____

City: _____ State: _____ Zip Code: _____

Postal Address: _____
(If different from above)

City: _____ State: _____ Zip Code: _____

We at Petsvet understand that it may be difficult to personally bring your pet to their appointment. Therefore, we would like the names of any spouse, nurse, caregiver, or friend that may initiate treatment on your behalf. Leave these blank if not applicable.

Last Name: _____ First Name: _____ Relation: _____

Last Name: _____ First Name: _____ Relation: _____

How did you hear about Petsvet? _____

Animal Information:

Name: _____ Species: _____

Breed: _____ Color: _____

Birthday: _____ Age: _____ Sex: _____ Spayed/Neutered: Yes No

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Medical History:

If you are visiting this office for the first time, it is important that we receive all prior, and appropriate medical history for your pet. This information could provide useful information in order to properly treat your animal. It is recommended you contact your previous veterinarian and have this information faxed or emailed to our office.

Our office fax number is: (623) 974-4775. Our email is staff@petsvet.net **for records only**.

Has your pet been seen by another Veterinarian? Yes No

May we contact your previous Veterinarian on your behalf to request records for your pet? Yes No

Please initial: _____

Previous Veterinarian's Name: _____ Phone: _____

Date of last physical exam: _____ Date of last dental exam: _____

Vaccination History:

Has your pet received the following vaccinations?

If "yes", you will need to provide record of any prior vaccinations, along with any prior medical history. **State law** mandates that **ALL** dogs be vaccinated for the Rabies Virus. Furthermore, this clinic strongly recommends vaccinating against the Distemper Virus and Parvo Virus, as both are highly contagious and extra precaution must be taken to prevent further contamination and infection of other animals.

Dog	Cat
Rabies: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Update today	Rabies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Update today
DA2PPV <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Update today	FVRCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Update today
Bordetella <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Update today	FVRC2PL <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Update today

I understand that state law requires the rabies vaccination for ALL dogs. I also understand that clinic policy requires the Distemper/Parvo vaccination (DA2PPV).

(Initials) _____

Vaccination Decline:

I decline vaccination at this time because the required vaccinations are up to date with this clinic or have been given elsewhere. If my pet bites another animal or person while under the care of this veterinary clinic, I will provide proof of current rabies vaccination within 24 hours of notification of incident.

Please initial to the right if you decline vaccinations at this time. (Initials) _____

Additional Information:

In an attempt to continue our move toward going paperless, we are starting to integrate email addresses into our client information. This email will not be used for SPAM email; however, it could be a tool to deliver reminders for vaccinations or to transfer documents and records to the client.

Please enter your email address in the space provided: _____

Owner Responsibility:

For Dogs:

It is the owner's responsibility to maintain control of their pet at all times within Petsvet Animal Hospital. All dogs must remain on a leash AND be kept near the owner at all times. It is also the responsibility of the owner to give warning to the staff at Petsvet if their pet may be hostile toward people or other animals. If your animal should show aggression toward other animals or the staff, it is the right of the staff of Petsvet Animal Hospital to restrain and apply a muzzle to your animal for personal protection.

For Cats and Smaller Animals:

All cats and smaller animals must be transported within cage or carrier. If your animal should show aggression toward other animals or the staff, it is the right of the staff of Petsvet Animal Hospital to restrain and apply a muzzle to your animal for personal protection.

***I am aware that my pet and my pet's actions are my own responsibility as an owner. (Initials) _____

***I am aware that this hospital is not staffed 24 hours a day. (Initials) _____

***I have read and understand this authorization of service. (Initials) _____

***I understand that payment is due in full at the completion of service. (Initials) _____

I am the owner or agent of the above stated animal and give the authority to execute this consent. I hereby authorize the veterinarian on duty to induce and maintain general anesthesia and to perform the needed and/or requested procedures.

Owner/Agent

Signature: _____

Print Name: _____ Date: _____