



New Patient Information Form

In order for our doctors to make the best preventive care and recommendations for your pet, please complete the following.

Pet's Name _____ Last Name _____

Breed _____ Color _____ Date of Birth _____ Sex _____

- Spayed or Neutered? Yes No
 - If intact, will this pet be used for breeding purposes? Yes No
 - If a mature female, when was her last heat cycle? _____
- Has your pet had bad experiences at a veterinary hospital before? Are special precautions and/or handling techniques required?
 - If a larger pet, will it be best examined on a table or floor?
- How long have you owned this pet? _____ (days / weeks / months / years)
- If a new pet, where did you get the pet?:
 - Individual Breeder Shelter Pet store
- Is your pet housed (circle one):
 - Indoor only Indoor/Outdoors Outdoors only
- If goes outdoors (circle one):
 - Free roaming Fenced yard Outdoor Kennel Chained Leash walked only
- What brand of pet food do you feed? _____
 - Meals or free choice? _____

General Information

Yes No

Are there other pets in your household?		
If yes, species and numbers:	-----	-----
Does your pet go to off leash dog parks?		
Does your pet go swimming?		
Is your pet groomed professionally?		
Is your pet boarded? If so, how often.		

Vaccinations (if you know)

Dog	Current	Due	Cat	Current	Due
Rabies			Rabies		
DA2PPC (Distemper)			FVRCP (Distemper)		
Bordetella			FeLV (leukemia)		
Lymes			FIV		

Parasites

Yes No

Does your pet eat insects, rodents, birds or rabbits?		
Are you seeing fleas, ticks, worms or other parasites?		
Do you keep your pet on monthly flea prevention?		
Do you keep your pet on monthly heartworm prevention?		
Do you need heartworm or flea prevention today?		
When was your pet last tested for heartworms?		
When is the last time your pet had a fecal exam?		

	General Health Questionnaire	Yes	No
1	Has your pet ever had any vaccination reactions?		
2	Does your pet have adverse reactions to any medications? Anesthesia?		
3	Is your pet currently on any medications?		
4	Has your pet been diagnosed with any illness?		
5	Eyes- Does your pet have any eye problems, discharge, redness?		
6	Mouth- Does your pet have bad breath or problems eating?		
7	Nose- Does your pet sneeze, snort or has nasal discharge?		
8	Ears- Does your pet shake its head, scratch its ears, rub head on floor, have ear odors or discharge?		
9	Respiratory- Does your pet cough; have increased respiratory effort or rate?		
10	Heart- Does your pet need to rest more frequently after exercise?		
11	Musculoskeletal- Does your pet have difficulties rising from lying or sitting? Going up/down stairs? Jumping onto furniture or into a vehicle? Does your pet limp or call a leg?		
12	Neurological- Has your pet ever had seizures?		
13	Skin- Does your pet have any areas of hair loss, oily, flaky or malodorous hair coat, lick its skin or paws excessively, scratch or have any skin or subcutaneous bumps.		
14	Urinary- Does your pet have urinary accidents in your house, leave a wet spot left after it has been sleeping, urinate more frequently or strains to urinate?		
15	General- Has the amount of water consumed by your pet changed?		
16	Has your pet's appetite changed?		
17	Does your pet pant more frequently?		
18	Does your pet vomit? (other than occasional hairball if cat)		
19	Are your pet's feces abnormal? Diarrhea? Straining? Loss of housetraining?		
20	Is your pet less active than normal?		
21	Does your pet scoot on its bottom?		
22	Has your pet's weight decreased?		
23	If geriatric, does your pet sometimes act disoriented, confused, wanders aimlessly, has its sleeping patterns changed, does it have decreased interactions with family members or other pets, does it not recognize familiar people or respond to verbal clues?		
24	Has your pet ever had blood work performed?		

If you answer yes to any questions, please list the number of the question followed by a description including how long it has been occurring, its frequency, and if getting better or worse? Was there any known event that could have caused the symptoms to occur? Has it been treated in the past?