NEW PATIENT FORM

Owner: ____

First Name   Last Name

Pet's Name:_______________________________   Species (Select One):   Cat   Dog

Breed: _________________________ Color: ___________________ Approx. Age or Date of Birth:________________________

Sex (Select One):   Female   Male   Select if Applicable: Spayed   Neutered

Microchip Number: ____

Where/When did you acquire your pet?____

Medical History

What do you feed your pet?____

Does your pet have any ongoing medical conditions? ____

____

Please list your pet's current medication(s) ____

____

Has your pet had any surgeries (besides spay/neuter) or dental work (specify type and dates)___________________________

____

Does your pet have any allergies to vaccinations, medications, food, fleas, etc.? ______________________________

____

Are there any special considerations regarding your pet (Dog reactive, prefers female staff/handlers, etc)? __________________

____

Pets First Veterinary Clinicoffers an integrative approach to medicine by combining Alternative and Western medicine. Alternative medicine has been practiced for centuries and is sometimes called Holistic or Complementary Medicine. Many aspects of these two medical disciplines are similar in that they both require a thorough physical exam and diagnostic testing, where appropriate, based on history and exam findings.

Please tell us if you prefer: ____ Alternative Treatment ____ Western Treatment ____ A Combination of Both

I understand that I am at least 18 years of age and financially responsible, for all charges incurred by me.I understand that full payment is required at the time services are provided. If I have any issues with payment today, I will inform Pets First Veterinary Clinic before services are provided.I further, understand that I have the right to request a written estimate for any and all diagnostic tests, procedures and treatments that I elect to have performed by Pets First Veterinary Clinic. By signing below, I am authorizing veterinary care be provided for the above described pet, presented by meor by my directed agent(s) to Pets First Veterinary Clinic. I understand that veterinary care may include, but is not limited to, examination, prescription or administration of medication or medical treatment including surgery. I agree that in the event of nonpayment, I will bear the cost of collection, court costs and reasonable legal fees should such action be required. I agree that a photocopy of this authorization shall be valid as the original.

Signature of Owner or Authorized Agent ____ Date ____________________