



~ New Patient Welcome Form ~

Thank You for the Opportunity to Care for Your Pet!



Today's Date: _____ First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

Address: _____ Email*: _____

STREET CITY ZIP

*Please note that we do send reminders for your pet's care as well as appointment confirmations thru email.

Spouse/Other Name: _____ How did you hear about us? _____

Pet's Name: _____ Age: _____ Breed: _____ Color: _____

My pet is a (please circle) MALE / FEMALE Is your pet spayed or neutered? YES / NO

How long have you had your pet for? _____ Where did you get your pet? _____

Has your pet had any previous vaccines? YES / NO

If yes, what type & when? #1 _____ #2 _____ #3 _____

If your pet is a kitten or cat, has it been tested for feline leukemia? YES / NO / Don't Know

Do you have any concerns about your pet? YES / NO If yes, describe: _____

When did the problem begin? _____

What does your pet eat? Brand - _____ Dry/Wet Amount: _____ #Times/Day- _____

What prior health issues has your pet had? _____

Please list any medications or supplements your pet takes: _____

Did you bring any previous records? YES NO
Has your pet been microchipped? YES NO
Is your pet on heartworm prevention? YES NO
Is your pet on a flea/tick product? YES NO
Does your dog go to the groomer or dog park? YES NO
Does your dog swim in a lake/river/stream? YES NO
Does your dog go hiking or camping? YES NO
Does your cat go outside? YES NO

Please circle any of the following that are a concern to you regarding your pet:
Pottying Issues Bad Breath Weight Gain
Scratching Drinking a Lot Hairballs
Slowing Down Weight Loss Biting
Are you interested in any of the following?
Military Discount Senior Discount
Referral Rewards Program Laser Therapy
Resort Services Bathing/Nail Trims

Payment: Please note that we accept Mastercard, Visa, Discover, American Express, Debit, cash, and Care Credit. Payment is due upon completion of your visit today, unless your pet is hospitalized in which case 50% of the estimate will be due. If you have questions, please let a receptionist know before you go in with the nurse.

Monthly Drawing: Your opinions are important to us! We invite you to fill out an anonymous, brief Client Survey at the front desk after your visit today for a chance to win 3 doses of Nexgard (dog) or Revolution (cat). Drawings done once monthly.

For occasional pet health related information & special offers, like us on Facebook.

