

New Patient Information & Registration Form

Date: _____

Customer Name: _____ Alternate Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Pet History

Pet Name _____ Dog ___ Cat ___ Other ___ Age/DOB _____

Breed _____ Color _____ Sex: _____ Spayed/Neutered: Y N

Where did you get your pet? ___ Breeder ___ Pet Store ___ Family/Friend ___ Stray ___ Shelter

Approx. date of last vaccines: _____ Previous Veterinary Clinic: _____

Please Circle

Yes No

Explain below

Has your pet had any recent medical problems?	Yes	No	_____
Does your pet have any chronic medical problems?	Yes	No	_____
Does your pet have any allergies?	Yes	No	_____
Is your pet on any medications?	Yes	No	_____
Has your pet traveled out of state recently?	Yes	No	_____
Was your pet heartworm tested within the last year?	Yes	No	_____
Is your pet given heartworm prevention medications?	Yes	No	_____
Has your pet been tested for worms in the last year?	Yes	No	_____

Has your pet shown any of the following signs or symptoms?

Bad breath or unusual body order	Yes	No	Scotting of rear end	Yes	No
Coughing, sneezing, or wheezing	Yes	No	Lameness or stiffness	Yes	No
Gagging or choking	Yes	No	Listlessness or weakness	Yes	No
Vomiting or Diarrhea	Yes	No	Head shaking	Yes	No

Poor coat/Hair loss	Yes	No	Lumps or bumps	Yes	No
Itching/Scratching	Yes	No	Tremors or seizures	Yes	No
Skin problems	Yes	No	Unusual discharge	Yes	No
Loss of appetite	Yes	No	Behavioral changes	Yes	No
Weight changes	Yes	No			

I understand and agree that payment is due at the time services are rendered. We accept Cash, Visa, Mastercard, American Express, and Discover. In case of extensive medical services, a deposit may be required. We will gladly prepare an estimate for services before they are performed. I understand and agree that if payment is not made, I will be responsible for collection costs, interest, court costs, and where applicable, attorney's fees. I authorize my pet's vaccines to be brought current to the standards of Community Animal Clinic of South Paulding at my own expense. I certify that all information I have provided above is true and complete. I understand and agree to the terms of payment for services provided by Community Animal Clinic of South Paulding.

Thank you of choosing us. We appreciate your business.

Signature _____ Date _____