

Welcome to Animal Medical of New City, PC



The doctors and staff at Animal Medical of New City are glad you and your pet came to see us today. We are committed to keeping you happy and your pet healthy! To help us serve you better, the doctor would like you to take a few minutes to fill out both sides of this form to the best of your ability. We're happy to help you with this if you'd like.

CLIENT INFORMATION

Date: _____

Owner's Name: _____

Spouse's Name: _____

Address: _____

City/State/zip: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ Date of Birth: _____

So that we may thank someone, how did you hear about us? _____

Drivers License: _____

PET INFORMATION

	Name	Date of Birth	Sex	Spay/Neuter	Breed	Color
Pet 1						
Pet 2						

MEDICAL HISTORY

Please check if your pet has had the following preventive health care services within the last year.

Cats:

- Rabies Vaccination
- Distemper Combination Vaccination
- Felv/Fiv test
- Leukemia Vaccination
- Dental Exam/Cleaning
- Parasite Fecal Check
- Regular Teeth Brushing

Dogs:

- Rabies Vaccination
- Distemper Combination Vaccination
- Lyme Disease Vaccination
- Bordatella Vaccination
- Heartworm Test
- Dental Exam/Cleaning
- Parasite Fecal Check
- Regular Teeth Brushing

Is Your Dog on Heartworm Preventative? Yes or No

Is your pet currently receiving any medications? Yes No

If yes, what medication? _____

Does your pet have any known drug allergies? Yes No

If yes, to what? _____

Any previous health problems? _____

We accept payment by Credit Card, Check, Cash and Wells Fargo Financial
(See receptionist to explain Wells Fargo)

To keep your costs lower Payment is Due the Same Day Services are rendered.
(Please turn over and complete reverse side)