



# New Patient Form

Thank you for giving Affordable Vet Center, LLC the opportunity to care for your pets. Please fill out this form completely. Thank you!

## Owner's Information

Owner's Name \_\_\_\_\_ Co-Owners Name \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Co-Owners Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

How did you learn of our clinic?

Recommendation

website

sign

other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

## Pet Information

Name of pet \_\_\_\_\_ Birthdate \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Please Circle: Type: Cat or Dog Sex: Male or Female Spayed/Neutered: Yes or No

Please list any Allergies your pet has \_\_\_\_\_

Heartworm/flea prevention: Yes or No If yes, what kind \_\_\_\_\_

Please list any previous surgeries or pertinent medical history your pet has had \_\_\_\_\_

Please mark (X) any symptoms or problems that you have noticed:

Behavior Problems

Eyes Bulging or Bloodshot

Scratching

Bleeding Gums

Gagging

Seems Depressed

Breathing Problems

Lack of Appetite

Sneezing

Coughing

Limping

Vomiting

Diarrhea

Loss of Balance

other \_\_\_\_\_

Please list your pet's current medications: \_\_\_\_\_

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_