



 (972) 221-3568

1392 West Main St. Lewisville, TX 75067
www.oldorchardanimalclinic.com

New Patient Information

Thank you for giving Old Orchard Animal Clinic an opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Today's Date _____

OWNER(S) _____ / _____
LAST FIRST LAST FIRST

ADDRESS _____
APT # STREET CITY STATE ZIP

TELEPHONE _____ / _____ / _____
HOME CELL WORK

PET NAME _____ ANIMAL BREED _____

SEX _____ SPAYED / NEUTERED _____ COLOR _____ DOB _____

HAS YOUR PET BEEN VACCINATED? YES NO IF SO, WHEN _____

FOR WHAT? _____ IS YOUR PET ON HEARTWORM PREVENTATIVE? YES NO

HOW DID YOU BECOME AWARE OF OUR CLINIC?
YELLOW PAGES _____ CLINIC SIGN _____ PERSONAL _____ WEB SITE _____

RECOMMENDATION _____ (SO THAT WE MAY THANK THEM) OTHER _____
NAME

ARE THERE OTHER PETS IN THE HOUSE? YES NO KIND _____

IS YOUR PET PRESENTLY TAKING MEDICATION? YES NO WHAT? _____

DOES YOUR PET SUFFER FROM ANY ALLERGIES? YES NO

PAST MEDICAL HISTORY _____

PROFESSIONAL FEES ARE TO BE PAID AT COMPLETION OF SERVICES. PLEASE CIRCLE PREFERRED METHOD OF PAYMENT: MASTERCARD / VISA CASH CHECK

IF PAYING BY CHECK PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNER'S DRIVERS LICENSE # _____ STATE _____ EXPIRATION DATE _____ OWNER'S DATE OF BIRTH _____