

NEW PATIENT SIGN-IN

Appointment Date: _____

Current Client New Client

Primary Owner (Last Name)
Primary Owner (First Name)
Street Apt. # City State Zip
Home Phone: Work Phone: Cell Phone:
E-Mail - Primary Owner

Second Owner (Last Name)
Second Owner (First Name)
Street Apt. # City State Zip
Home Phone: Work Phone: Cell Phone:
E-Mail - Second Owner

Primary Owner - Driver's License #: Primary Owner Employer:
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If you are a new client, please tell us who recommend you or how you found out about us.

www.MillerAH.com <input type="checkbox"/>	Internet Search <input type="checkbox"/>
Our Sign <input type="checkbox"/>	Verizon Yellow Pages <input type="checkbox"/>
S. Renss. Co. Easy Book <input type="checkbox"/>	Verizon Small Companion Book <input type="checkbox"/>
Referred by: _____	Other: _____

PATIENT

Dog <input type="checkbox"/>	Male <input type="checkbox"/>	Pet's Name _____
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	Breed _____
Age or Date of Birth _____		Color _____

Has your pet been Neutered or Spayed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have health insurance for this pet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your pet microchipped?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Are you currently doing regular flea and tick prevention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need a refill on your pet's flea and tick prevention? (Frontline Gold, Vectra, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list any known allergies your pet has: _____

Please list any reactions your pet has had to medications or vaccinations: _____

DOGS: Has your pet been tested for heartworm in the past 12 months? Yes No

Is your pet currently on monthly heartworm prevention Yes No

CATS: Has your pet been tested for Feline Leukemia/Immunodeficiency Virus? Yes No

IF KNOWN, PLEASE ENTER THE DATES YOUR PET HAS HAD THE FOLLOWING VACCINES:

DOGS

Distemper/Parvo:
Rabies: 1 year or 3 year
Kennel Cough/Bordatella:
Lyme Disease:
Canine Flu:

CATS

Distemper/Respiratory Virus:
Rabies: 1 year or 3 year
Feline Leukemia Virus: