



912 W. Williams St.
Apex, NC 27502
(919) 267-9315

New Patient Information Sheet

Welcome to our practice!

Your Pet's Name _____ Nicknames? _____

Your Pet's Birthdate (if known) _____ Age: _____

Species (please circle) DOG CAT OTHER _____

Breed: _____ Mixed? (please circle) YES NO

Color(s)/Marking(s): _____

Gender (please circle) MALE FEMALE UNKNOWN

Spayed/Neutered? (please circle) YES NO UNKNOWN

Is your pet Microchipped? (please circle) YES NO

Has your pet ever received a vaccine? (please circle) YES NO UNKNOWN

If YES, please indicate name of hospital or veterinarian: _____

Has your pet ever had an allergic reaction to a medication or vaccine? (please circle) YES

NO If YES, please describe: _____

Does your pet have any medical problems or previous surgeries we should know about?

(please circle) YES NO If YES, please describe: _____

Has your pet ever bitten or harmed a veterinarian or assistant? (please circle) YES NO

Does your pet require a muzzle for examinations or nail trims? (please circle) YES NO

Does your pet require a muzzle for nail trims? (please circle) YES NO

What brand or type of pet food does your pet eat? _____

What does your pet eat other than pet food (treats, table scraps, rawhides)?

Where does this pet live? (please circle) Indoors Only In/Out Outdoors Only

Do you give your pet flea prevention every month? (please circle) YES NO

If YES, What Brand? _____

Do you give your pet a heartworm prevention every month? (please circle) YES NO

If YES, What Brand? _____

Please list any additional medications (including supplements) you give your pet:

Do you have any other pets in the house? If yes, please list number of pets and species:

We will take photographs of your pet for his/her medical record. Do you authorize us to use this photo (anonymously) for marketing or educational purposes? (please circle) YES NO

Thank you!