

New Patient-Client Information Form

Family Veterinary Services

800 North 7th Street

Coldwater, Ohio 45828

PLEASE PRINT(Please fill this form out completely so that we may be of better service to you.)

Owner's Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Number: (Home): _____ (Cell): _____

Spouse Phone Number: (Cell): _____

Pet information:

Pet's name: _____ Dog _____ Cat _____ Other _____ Breed: _____

Date of birth _____ Sex M F Color: _____ Spayed/Neutered Yes or No

Other pets: Name: _____ Breed: _____ Age: _____ Dog or Cat

Name: _____ Breed: _____ Age: _____ Dog or Cat

Previous Veterinarian: _____

Medical History: (please circle if the following has been done within the last year)

CATS:

FVRCP Vaccination Yes No

Leukemia vaccination Yes No

Rabies vaccination Yes No

FeLV testing Yes No

Fecal Exam Yes No

Flea Prevention Yes No

Name: _____

DOGS:

Distemper/Parvo Yes No

Rabies Vaccination Yes No

Kennel Cough Vaccination Yes No

Heartworm test Yes No

Fecal Exam Yes No

Flea Prevention Yes No

Name: _____

Heartworm Prevention Yes No

Name: _____

Is your pet currently receiving any medication? _____

Does your Pet have any known drug allergies? _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Payment in full, by cash, check, or credit card, is expected when treatment is performed or animal is discharged. In the case of emergency hospitalization, deposit arrangements must be made with receptionist. On your request we will provide you with a written estimate of fees before care is provided.

Signature _____ Date: _____