

Middletown Animal Hospital New Client - Patient Information Sheet

Name: Mr. Mrs. Ms. Dr. _____
Circle one First Initial Last

Address: _____ Home Phone: (____)-____-_____

Work Phone: (____)-____-_____

City State Zip Work Ext: _____ Ask For: _____

e-mail address for reminder purposes: _____

Have you or any of your pets been to us before: Yes No

If yes what was: Pet's name _____ Owner's name _____

Employer's Name/Address: Self _____
Spouse _____

How did you hear about us? _____ Referred by : _____

Pet's Name _____ Sex: M F Neutered: Yes No Date: _____

Species: Dog Cat Rabbit Bird Reptile Other _____ Color: _____

Breed: _____ Markings: _____ Birth Date: _____

Tattoo: Yes No Number: _____ Electronic Chip: Yes No Number: _____

Medical History:

1. Major past medical problems: _____

2. List all current treatments and medications (including dosage and when last administered.)
a. _____ b. _____
c. _____ d. _____

3. Vaccinations	Vaccine Type	Date Last Given
Distemper	_____	_____
Rabies	_____	_____
Leukemia	_____	_____
Lyme Disease	_____	_____
Bordetella	_____	_____

4. Is your pet taking? Heartworm Medicine Yes No Flea Medication Yes No Vitamins Yes No

5. Is your pet aggressive or will he/she bite? Yes No

6. Any food or drug allergies or sensitivities? _____

7. Reason for visit today (if ill describe symptoms and when started): _____

