

South San Diego Veterinary Hospital New Patient Form

Client name: _____ Date: _____

Pet name: _____ Breed: _____ Color: _____

Sex: _____ Spayed/Neutered? _____ Date of birth or approximate age: _____

Microchip #, Tattoo or other identifying markings or tags? _____

Length of time owned? _____

Has your pet ever traveled or lived outside of San Diego? _____ If so, where? _____

Is your pet: Indoor Only _____ Outdoor Only _____ Indoor/Outdoor _____

Does your pet live with other pets? _____ if yes, what kinds & how many? _____

Please specify approximate dates of vaccinations:

Dogs

Cats

Other Species

DHPP: _____

PRCP: _____

Specify type & date: _____

Corona: _____

FELV: _____

Rabies: _____

FIV: _____

Bordatella: _____

Rabies: _____

Lyme: _____

FIP: _____

Has your Pet had a recent teeth cleaning? _____ if yes, approximately when? _____

Has your Pet had a recent fecal exam? _____ if yes, when and what were the results? _____

Has your Pet had a recent heartworm test? _____ if yes, when and what were the results? _____

Is Your Pet on heartworm preventative? _____ if yes, which one? _____

Is Your Pet on flea control? _____ if yes, which one? _____

Is Your Pet on any medication or supplements? _____ (Yes / No)

if yes, please list: _____

What type of diet are you feeding your pet? Brand _____ canned _____ dry _____

How many times a day is food offered? free choice _____ once _____ twice _____ 3 or more _____

Any past serious illnesses or surgeries? _____

Any ongoing health or behavior concerns? _____