

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:			DOGS:		
FVRCP Vaccination	Yes	No	Distemper/Parvo	Yes	No
Leukemia vaccination	Yes	No	Rabies Vaccination	Yes	No
Rabies vaccination	Yes	No	Kennel Cough Vaccination	Yes	No
FelV testing	Yes	No	Heartworm test	Yes	No
Fecal Exam	Yes	No	Fecal Exam	Yes	No
Flea Prevention	Yes	No	Flea Prevention	Yes	No
Name: _____			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: _____