

## 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

DHPP: \_\_\_\_\_

Corona: \_\_\_\_\_

Rabies: \_\_\_\_\_

Bordatella: \_\_\_\_\_

Lyme: \_\_\_\_\_

Cats

PRCP: \_\_\_\_\_

FELV: \_\_\_\_\_

FIV: \_\_\_\_\_

Rabies: \_\_\_\_\_

FIP: \_\_\_\_\_

Other Species

Specify type & date: \_\_\_\_\_

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? \_\_\_\_\_