



NEW PATIENT & CLIENT INFORMATION SHEET

PATIENT ID: _____

Welcome to Chatfield Veterinary Hospital! Our mission is to provide you and your pet(s) with the very best in compassionate veterinary health care with every visit. So that we may provide you with exceptional service, please share the following information about you and your pet(s).

CLIENT INFORMATION

First name _____ Last name _____

Spouse/Partner first name _____ Spouse/Partner last name _____

Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Work phone (_____) _____ Ext _____ Cell (_____) _____

E-mail address _____ Employer _____

How did you hear about us? Yelp.com Google Search Shelter Family/Friend _____
(please let us know whom we may thank for referring you)

Have we seen any of your other pets? Yes No

Method of payment: Check Cash Visa/MasterCard/Discover/Amex Care Credit
Payment is required when services are provided. There is a \$20.00 service charge on returned checks

PATIENT INFORMATION

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Other _____ Weight _____

Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed _____ Color _____

Reason for bringing pet in: _____

Does your pet have any allergies, take any special medications or have any health problems we should know about? Yes No
If yes, please explain? _____

Has your pet ever had a seizure? Yes No If yes, when was the last time it happened? _____

What type of food does your pet eat? _____ Treats? _____

Dates of last vaccinations:

Dogs: Rabies: _____ DHPP (Distemper/Hepatitis/Parainfluenza/Parvo): _____

Bordetella: _____ Influenza: _____ Leptospirosis: _____

Heartworm test: _____ Is your dog on heartworm preventives? Yes No

Cats: Feline Rabies: _____ FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____

Feline leukemia: _____

Name of previous vet clinic? _____ Phone (_____) _____

MAY WE HAVE PERMISSION TO TAKE PHOTOS OF YOUR PETS AND POST THEM ON SOCIAL MEDIA?

Yes No

