



NEW PATIENT FORM

Thank you for giving All Fur Paws Animal Hospital the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following & check all that apply:

Owner(s) Name: _____ Date: _____

Pet Name: _____ Age/Birthdate: _____

Species (Dog, Cat, etc...) _____ Breed: _____

Gender: Male Female Neutered Spayed Intact Unknown

Color/Markings: _____ Microchip #: _____



Reason for Today's Visit: _____

Name & Phone Number of Prior Veterinarian: _____

May we contact your prior Veterinarian to obtain medical records for this pet? _____ For your other pets? _____

My pet is (Member of Our Family, Child's Pet, Backyard Pet, etc...) _____

Do you have other pets? _____ What type? _____

Any previous illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

My pet spends most of the time: Indoors Crated Outdoors Fenced backyard Free roaming Park Leash Boarding

My pet eats: Dry Moist Wet Brand: _____ OR I cook for my pet: _____

My Pet is: Meal fed Free choice (I put food in the bowl and my pet eats when they want to)

How much? _____ How often? _____ X/day Do you use a standard measuring cup? _____ What size? _____

Does your pet get treats? _____ What kind? _____ How many per day? _____

When Outside my pet likes to: Eat grass Lick at puddles Swim Chase little creatures

My Pet: Visits a grooming facility Is seen by a mobile groomer Vacations at a boarding facility

Plays with friends at puppy daycare Plays with friends at the dog parks Participates in dog shows

Other: _____

My Pet gets Flea and Tick control: Yes No Name: _____ All year long? _____

My Pet is on Heartworm Preventative: Yes No Name: _____ All year long? _____

My Pet's personality with the VET is: Relaxed Nervous Aggressive Scared Fearful Will eat you if not sedated

Other: _____

My pet's quirks: Don't touch my feet Will do anything for a belly rub Don't touch my head

Other: _____

