

Today's Date: _____

NEW PATIENT/CLIENT INFORMATION



Owner Name: Mrs. ___ Mr. ___ Ms. ___ Dr. _____

First Name: _____ Last Name: _____ Spouse Name: _____

Address: _____ Apt# _____ City: _____ Zip: _____

Home Phone: (_____) _____ Mobile: (_____) _____ Work: (_____) _____

Spouse Mobile Phone: _____ Work Phone: (_____) _____

Driver's License #: _____ State: _____ Employer: _____

Email Address: _____@_____ (Please write clearly)

Cell Phone Contact: _____

Which is your preferred method of contact? Email Text Message for health related correspondence?
We use this contact to send test reports, communication with the Dr. Appointment Reminders, Notices, etc. We do not share This information with any other organization, we do not solicit, we simply communicate with you about your pet health care.

Whom may we thank for referring you to our practice: Friend/Family _____
Television ___ Radio ___ Direct Mail Coupon ___ Internet ___ Google ___ Internet: _____

Pet Information:

Pet's Name: _____ Species ___ Dog ___ Cat ___ Bird ___ Exotic ___ Reptile ___ Small Mammal

Does your Feline go outdoors? Yes No

Breed: _____ Color _____ MicroChip #: _____

Date of Birth: _____ Age: _____ Male Female Neutered / Spayed

Is Your Pet On Heartworm Prevention: Yes / No If so, are you up to date? What are you using? _____

Any recent medical problems? Yes No _____

Any Chronic Medical Problems Yes No _____

Has Your Pet Traveled Recently Yes No If So, Where _____

Has your pet ever tested POSITIVE for Heart Worms? Yes No Been Treated? Yes No When? _____

Has Your Pet Had A Heartworm Test within the last year? Yes No When? _____

Has Your Pet Been Tested For Internal Parasites in the Past Year? Yes No When? _____

Is Your Pet Vaccinated Against LYME Disease? Yes No Have you seen Fleas on your pet recently? Yes No

When is the last time your pet had a Dental Care/Treatment? _____ Does your pet have allergies? Yes No

Are you interested in getting information on a PetLife Annual Wellness Plan? Yes No with Dental Inclusion? Yes No

IT IS THE POLICY OF THIS PRACTICE TO RECEIVE PAYMENT AT THE TIME SERVICES ARE RENDERED AND THAT A PAYMENT OF THE ESTIMATE WILL BE REQUIRED UPON ADMISSION TO THE HOSPITAL, FOR ANY MAJOR MEDICAL/SURGICAL CASES, TRAUMA CASES AND EMERGENCY WORK. IF YOU NEED TO MAKE SPECIAL PAYMENT ARRANGEMENTS, PLEASE LET US KNOW IN ADVANCE, AND OUR OFFICE MANAGER WILL BE HAPPY TO ASSIST YOU WHEN POSSIBLE. We accept Care Credit, H3 Veterinary Payment Card. If you need this assistance and don't already have a card, you can apply here at PetLife.

I AGREE TO PAY FOR SERVICES RENDERED AT THE TIME OF MY VISIT, UNLESS ARRANGEMENTS ARE MADE IN ADVANCE, AND IN WRITING.

_____ PET OWNER _____ DATE
(Signature)

My preferred method of payment is: Cash Debit Card or Master Card Visa Discover Care Credit H3 Card

BEST NUMBER IN THE EVENT OF AN EMERGENCY: _____

Is there a local family member whom you would like to list for use in the event of an emergency?

We believe in open communication, we believe in providing the highest standard of quality of pet medicine and want to be your resource for any and all of your pet's needs. If for any reason you do not believe you have gotten the best customer service, if we have not met and exceeded all your expectations, please let us know. Having open and honest communication with our patient families gives us the opportunity to constantly improve, to always provide the highest quality of care and to be available for any and all of our client's needs! Please be sure to communicate all your needs, and any questions, concerns or suggestions that you may have! We will always appreciate your feedback.

Has Your Pet Shown Any Of The Following Symptoms?

Bad Breath or Unusual Body Odors	Yes No	Head Shaking	Yes No
Coughing or Sneezing or Wheezing	Yes No	Itching/Scratching	Yes No
Vomiting or Diarrhea	Yes No	Poor Coat/Hair Loss	Yes No
Scotting of Rear End	Yes No	Skin Problems	Yes No
Lameness or Stiffness	Yes No	Lumps or Bumps	Yes No
Listlessness or Weakness	Yes No	Unusual Discharge	Yes No

Has Your Pet Show Significant CHANGE in any of the following:

Character of Bowel Movement	Yes No	Appetite	Yes No
Frequency or amount of Urine	Yes No	Drinking	Yes No
Weight Gain or Loss	Yes No	Behavior	Yes No

Do you provide routine dental care at home*? Yes No *Please ask us if you would like home dental care product recommendations.

PetLife staff offers nutritional consultation at No Charge. We can help you find a healthy and appropriate diet for your pet.

Is There Anything Else you think we should know or that you wish to discuss with the Veterinarian?

Our practice, like many others who work with the latest technology, depends on your email address and mobile phone number to communicate with you, to send you test results, and to enable open communication with the Veterinarian, to send you appointment reminders, reminders for health care needs, and if you wish, we can even send you a monthly text reminder when it is time to give your pet their heartworm or flea/tick preventative. Please be sure that you include that important information on this form, and that if at any time your information should change, please remember to send us your updated information so that we can properly and timely communicate with you.