

Creature Comforts New Patient Form

Owner's Name: _____ Date: _____

Co-Owner: _____

Address: _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

E-mail: _____

PAYMENT METHOD: Check Cash Credit Card Care Credit

If paying by Check: Driver's License #: _____

Social Security #: _____

Current Employer: _____

Pet's Name: _____ Breed: _____

Color: _____ Age: _____ Date of Birth: _____

Sex: Male Neutered?: yes no

Female Spayed?: yes no

Declawed? yes no

Previous Veterinarian: _____

Previous Health Problems?: _____

Is animal on any medications? (please list): _____

List month and year when any of the following tests and vaccinations were administered:

Parvo Test: _____ Lyme Test: _____ HeartWorm Test: _____ Rabies Vacc.: _____

DHPPC Vacc.: _____ DHLPPC Vacc.: _____ Lyme Vacc.: _____ Bordatella Vacc.: _____

HeartWorm Prevention: _____ Dewormed: _____ Last Visit to Vet: _____

Reason for this visit: _____

Office Use Only:

Weight: _____ Temperature: _____ Dx: _____