

# New Patient Form

## Lost Dog Vet

7451 Paseo del Norte, Suite D1&2

El Paso, TX 79911

## Owner Information

- Owner's Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, Zip: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- May we send you text messages?: \_\_yes\_or\_\_no
- Email Address: \_\_\_\_\_
- Alternate Contact: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## Pet Information

- Pet's Name: \_\_\_\_\_
  - Species: Dog / Cat
  - Breed: \_\_\_\_\_
  - Color: \_\_\_\_\_
  - Gender: Male / Female
  - Spayed/Neutered: Yes / No
  - Date of Birth/Age: \_\_\_\_\_
- 
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  - Gender: Male / Female
  - Spayed/Neutered: Yes / No

- Date of Birth/Age: \_\_\_\_\_

## Medical History

- Previous Veterinary Clinic: \_\_\_\_\_
- Previous Veterinarian: \_\_\_\_\_
- Current Medications: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Chronic Conditions: \_\_\_\_\_
- Past Surgeries: \_\_\_\_\_
- Diet: \_\_\_\_\_

## Vaccination History

- Rabies (Dogs/Cats): \_\_\_\_\_
- Distemper/Parvo (Dogs): \_\_\_\_\_
- Bordetella (Dogs): \_\_\_\_\_
- Lepto (Dogs): \_\_\_\_\_
- FVRCP (Cats): \_\_\_\_\_
- Feline Leukemia (Cats): \_\_\_\_\_
- Other: \_\_\_\_\_

## Reason for Visit

- Reason: \_\_\_\_\_
- Symptoms/Concerns: \_\_\_\_\_
- Duration of Symptoms: \_\_\_\_\_
- Recent Changes: \_\_\_\_\_

## Owner's Authorization

I, the undersigned, authorize the veterinarians at Lost Dog Vet to examine and treat my pet as necessary. I understand that payment is due at the time of service.

- Owner's Signature: \_\_\_\_\_
- Date: \_\_\_\_\_