



# Bayshore Animal Clinic

## NEW PATIENT MEDICAL FORM

*So that we may better serve you and your pets, please complete this form as fully as possible for our medical records.*

Owner/Agent \_\_\_\_\_

Pet's Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Species  Dog  Cat  Rabbit  Bird

Home Phone ( ) \_\_\_\_\_

Other (Species) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Breed \_\_\_\_\_

Email address \_\_\_\_\_

Color \_\_\_\_\_

Occupation \_\_\_\_\_

Sex  Male  Female  Neutered  Spayed

Co-Owner (Spouse) \_\_\_\_\_

Obtained From:  Pet Store  Breeder

Humane Society  Other \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

You have your pet primarily for:  Show  Breeding

Companionship  Work  Other \_\_\_\_\_

Occupation \_\_\_\_\_

Number of Pets in Household: Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Other (please describe) \_\_\_\_\_

How did you hear about us?  Internet  Walk-in

Yellow Pages  Google.com  Yelp

Client Referral: \_\_\_\_\_

Other: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

Your Pet is:  Indoors/Outdoors  Only Indoors

Only Outdoors

Vaccine History (if known, date of last vaccination)

When outdoors your pet is:  Loose

Leashed  Fenced  Other \_\_\_\_\_

Canine: DA2PP(Distemper/Parvo): \_\_\_\_\_

Bordatella: \_\_\_\_\_

Rabies: \_\_\_\_\_

Your Pet's usual diet is: \_\_\_\_\_

Feline: FVRCP: \_\_\_\_\_

Rabies: \_\_\_\_\_

FeLV: \_\_\_\_\_

Is your pet currently on any medication?  No  Yes

Medications: \_\_\_\_\_

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment.

Drivers Lic#: \_\_\_\_\_ Exp.: \_\_\_\_\_ SS#: \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent Printed Name \_\_\_\_\_