

NEW PATIENT INFORMATION

Thank you for giving us this opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to complete this information sheet.

Date: ____/____/____ Have you "Liked Us" on Facebook? _____

Please tell us how you found us: _____

Owner Information

Last Name: _____ First Name: _____

Spouse/Other: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Alternative Phone Number: _____ Check one: Cell _____ Home _____ Other _____

Email Address: _____

I would like to receive email reminders when my pet (s) are due for treatments.
(Treatment Reminders will still be mailed to the above provided address)

I would like to receive promotional emails from CarePlus Veterinary Clinic.

I do not want to receive any emails from CarePlus Veterinary Clinic.

Pet(s) Information

1. Pet Name: _____ Breed: _____

Age/DOB: _____ Species (Choose One): DOG CAT OTHER

Color: _____ Sex (Choose One): MALE FEMALE

Spay or Neutered: YES NO Pregnant: YES NO SUSPECTED

On Heartworm Prevention: YES NO; If yes, what type: _____

On Flea Prevention: YES NO; If yes, what type: _____

On Medication (s): _____

Any known Allergies: No Known Allergies Yes: _____

Check all that apply to pet: Strictly Indoor Goes Outdoors Gets Groomed/ Boarded Visits Dog Parks

2. Pet Name: _____ Breed: _____

Age/DOB: _____ Species (Choose One): DOG CAT OTHER

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On Medication (s): _____

Any known Allergies: No Known Allergies Yes: _____

Check all that apply to pet: Strictly Indoor Goes Outdoors Gets Groomed/ Boarded Visits Dog Parks

Owner Initials: _____