

Bay Creek Animal Clinic
New Patient Information Form

Patient Identification

Your Name: _____

Pet's Name: _____

Species: Dog () Cat () Rabbit () Ferret () Mouse/Rat () Guinea Pig () Other: _____

Breed: _____

Color: _____

Date of Birth: _____ Age: _____

Sex: Male () Male/Neutered () Female () Female/Spayed ()

Patient Medical Information

Date of Last Vaccines: Records Provided () Not Known ()

Canine:

Feline:

Rabies _____

Rabies _____

DHPP (distemper) _____

FELV (leukemia) _____

Bordetella (kennel cough) _____

FVRCP (distemper) _____

Influenza (flu) _____

Date of Last Heartworm Test: _____ Not known () Not done ()

Microchipped: Yes () Number if known _____ No ()

Diet: _____

Heartworm and Flea Prevention: _____

Medications/Supplements: _____

Known Allergies: _____

Additional Information: _____

Signature

Date