



NEW PATIENT and CLIENT INFORMATION SHEET

Welcome to Foothills Dental and Veterinary Hospital. So we may provide you with exceptional service, please share information about you and your pet(s).

CLIENT INFORMATION

First name _____ Last name _____

Spouse first name _____ Last name _____

Address _____ City _____ State _____ Zipcode _____

Home Phone (____) _____ Work Phone (____) _____ Ext _____ Cell(____) _____

Email address _____ Employer _____

Driver's License # _____

Emergency Contact _____ Relationship _____ Phone _____

How did you become aware of our hospital? _____

PATIENT INFORMATION

Pet's Name _____ Sex Male Female Pet's date of birth _____

Species: _____ Breed _____ Color _____

Neutered or spayed YES NO At what age _____

What type of parasite control do you use? _____

Pet's Name _____ Sex Male Female Pet's date of birth _____

Species: _____ Breed _____ Color _____

Neutered or spayed YES NO At what age _____

What type of parasite control do you use? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signed _____ Date _____



Owner/Environment Information

1. What brand of food do you feed your pet?
 - a. How much?
 - b. How often?
 - c. Are there any changes in appetite?
 - d. Who feeds your pet?
 - e. Does your pet eat treats or table scraps?
 - f. Does your pet drink water normally?

2. Has there been any vomiting or diarrhea?
 - a. How often?
 - b. How many times a day does your pet defecate?

3. Does your pet urinate normally?

3. Is your pet on flea control?
 - a. What kind?
 - b. How often?

4. Is your pet indoors or outdoors?
 - a. How much time is spent inside vs. outside?
 - b. Where is your pet when you are not home?
 - c. How long is your pet alone?

5. What are your immediate concerns with your pet today?

6. How many pets do you have?
 - a. What types of pets do you have?
 - b. Do they get along with each other?

7. Has your pets' activity level changed? How?

8. Has your pet had vaccines and deworming within the past year?

9. Who gave your pet vaccines and dewormer last?

10. Has your pet lived or travelled out of state? When? Where?