

New Pet or Transfer Information

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

Call Name If Different: \_\_\_\_\_

Species: Dog/ Cat/ Other \_\_\_\_\_ Breed: \_\_\_\_\_

Color/ Markings: \_\_\_\_\_

Age or Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

From where did you get this pet? \_\_\_\_\_

Reason for this appointment: \_\_\_\_\_

Has your pet been treated for this condition before? \_\_\_\_\_

Other existing medical problems, or significant previous conditions: \_\_\_\_\_

\_\_\_\_\_

Is this pet currently on any medications? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

May we contact your last veterinarian for records? \_\_\_\_\_

Who is it? \_\_\_\_\_ Phone if known: \_\_\_\_\_

Do you have other pets whose records we need? \_\_\_\_\_

(Please note, it's not always possible for us to obtain these records without signed consent. You may prefer to contact them yourself in advance of your visit, and request that medical notes and test results be faxed to us at 760-776-7556. Any x-rays or other images may have to be mailed or picked up in person. Thank you!)