

PLATZ ANIMAL HOSPITAL NEW PATIENT FORM

To insure the best care for your pet, please take a moment to completely fill out this form about your pet and their health to the best of your ability. Thank you for trusting us with your pet's health care needs!

Client Information (Please print legibly)

Owner's Name: _____ Secondary Contact: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Primary Telephone: _____ (Cell) (Home) (Work)

Secondary Telephone: _____ (Cell) (Home) (Work)

REQUIRED:

Drivers License Number: _____ State Issued _____

(Needed for Billing, All Credit Card Purchases and Controlled Substance Logging)

I assume responsibility for all charges incurred in the care of this animal. I also understand that all professional fees are due at the time services are rendered.

Printed name of owner or responsible party _____

Signature of owner or responsible party _____

Patient Information (Please print legibly)

Patients Name: _____ Species: _____ Sex: _____

Spayed/Neutered: _____ Breed: _____

Date of Birth/Age: _____ Color: _____

Reason for today's visit: _____

Previous Veterinarian where your pet's past records may be obtained if you have not provided copies: _____ Telephone: _____

Please list all chronic illnesses and medications your pet is currently taking:

How did you first hear of us?: _____

Payment options we accept: VISA, MasterCard, American Express, Discover, Care Credit, Cash, Personal/Company checks.