

## Rimforest Animal Hospital - New Patient Information

Owner's Name: \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_\_

Post Office Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Opt-in for medical records by email: YES NO

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Significant Other's Name: \_\_\_\_\_ Significant Other's Date of Birth: \_\_\_\_\_

Significant Other's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Reason for last visit: \_\_\_\_\_ Reason for today's visit: \_\_\_\_\_

Surgical history: \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Vaccine reaction:** \_\_\_\_\_

Date of last immunizations: \_\_\_\_\_

**Rabies:** \_\_\_\_\_ **DA2PP:** \_\_\_\_\_ **Bordetella:** \_\_\_\_\_ **Influenza:** \_\_\_\_\_

**FVRCP (cats):** \_\_\_\_\_ **Leukemia (cats):** \_\_\_\_\_ **Leukemia test (cats):** \_\_\_\_\_

List any medications your pet is taking: \_\_\_\_\_

Describe your pet's diet and brand of food: \_\_\_\_\_

Is your pet aggressive towards other animals or people?

Is there anything else you would like us to know about your pet? \_\_\_\_\_

How did you hear about us? Yellow Pages Online Friend: \_\_\_\_\_ Other: \_\_\_\_\_

**I understand that all fees are to be paid at the time my pet is released. I acknowledge that an estimate of fees can be provided at my request, and a deposit of 50% if my estimate exceeds \$200 or if my pet is to be hospitalized. We accept cash, Visa, M/C, American Express, Discover and CareCredit**

Signature of owner or responsible party \_\_\_\_\_ Date: \_\_\_\_\_