



21675 West Longview Drive Suite 200
Waukesha, WI 53186
262-798-2780

New Patient Form

Pet Owner's Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Pet's Name _____ Dog ____ Cat ____ Breed _____

Birth Date _____ Color(s) _____ Sex: Female ____ Male ____

Spay/Neutered: **Yes No**

What percentage of time does your pet spend outdoors? _____ %

Has your pet's appetite/thirst changed recently? **Yes No**

Has your pet had any vomiting or diarrhea? **Yes No**

How many/what kind of pets are in your household? _____

Is your pet on any current medications? (if so, what kind) _____

Nutrition

Dry Food Brand _____ Wet Canned Brand _____

Heartworm Preventative

Is your pet currently taking heartworm preventative? **Yes No**

If yes, what brand? _____ Monthly _____ Seasonally _____

Flea Preventative

Is your pet currently using a flea preventative? **Yes No**

If yes, what brand? _____ Monthly _____ Seasonally _____

Medical Conditions (Allergies, drug reactions, heart conditions, ect.)

FULL PAYMENT IS DUE AT THE TIME OF SERVICE: CASH or CREDIT ONLY

If an appointment is **missed** without calling, you will be charged **\$25.00** for a **"No Call No Show"** fee.

Owner's Signature _____

Date _____