New Pet Patient Registration

Comprehensive new patient registration for veterinary clinics with full medical and vaccination history

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Pet Information

Pet's Name *

Species *

- [ ] Dog
- [ ] Cat
- [ ] Bird
- [ ] Rabbit
- [ ] Reptile
- [ ] Other

Breed *

Color/Markings

Date of Birth (or approximate) *

MM / DD / YYYY

Sex *

- [ ] Male (Intact)
- [ ] Male (Neutered)
- [ ] Female (Intact)
- [ ] Female (Spayed)

Current Weight (lbs) *

Is your pet microchipped?

- [ ] Yes
- [ ] No
- [ ] Unknown

Microchip Number (if known)

Pet History

Where did you get your pet?

- ☐ Breeder
- ☐ Shelter/Rescue
- ☐ Pet Store
- ☐ Friend/Family
- ☐ Found/Stray
- ☐ Other

Previous Veterinarian / Clinic

Previous Vet Phone

May we request medical records from your previous vet?

- ☐ Yes
- ☐ No

Vaccination History

Rabies vaccination current? *

- ☐ Yes
- ☐ No
- ☐ Unknown

Last Rabies Vaccination Date

MM / DD / YYYY

Core vaccines current? (DHPP for dogs, FVRCP for cats) *

- ☐ Yes
- ☐ No
- ☐ Unknown

Bordetella (kennel cough) current? (dogs)

- ☐ Yes
- ☐ No
- ☐ N/A — Cat

Is your pet on heartworm prevention? *

- ☐ Yes
- ☐ No

Is your pet on flea/tick prevention? *

- ☐ Yes
- ☐ No

Medical History

Has your pet been diagnosed with any of the following?

- ☐ Allergies (food, environmental, or skin)
- ☐ Arthritis / Joint problems
- ☐ Heart disease
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Diabetes
- ☐ Seizures / Epilepsy
- ☐ Cancer
- ☐ Thyroid disorder
- ☐ None of the above

Please provide details for any conditions above

Current Medications & Supplements

Known Allergies (medications, foods)

Previous Surgeries or Hospitalizations

Current Diet / Food Brand

Behavior Information

Has your pet ever bitten or attempted to bite a person or animal? *

☐ Yes ☐ No

If yes, please describe

Does your pet experience anxiety at the vet?

☐ No — calm
☐ Mild — nervous but manageable
☐ Moderate — may need gentle restraint
☐ Severe — may need sedation

Pet Insurance

Does your pet have insurance?

☐ Yes ☐ No

Insurance Provider

Policy Number

Consent & Signature

I certify that the above information is accurate and complete. I authorize the veterinary team to provide medical care for my pet. I agree to keep vaccination records current and to inform the clinic of any changes in my pet's health.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY