



## NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Parvin Animal Clinic. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye. We offer veterinary care, lodging, and more for your best friends.

### CLIENT INFORMATION *(Please print)*

Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Spouse \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Employer \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Exp. \_\_\_\_\_

I grant PAC permission to use my pet's pictures, medical information, and story on social media  Yes  No \_\_\_\_\_ (initial)

### PATIENT INFORMATION

Pet's name: \_\_\_\_\_ Sex \_\_\_\_\_ Neutered or spayed? \_\_\_\_\_ Species:  Dog  Cat

Pet's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet's name: \_\_\_\_\_ Sex \_\_\_\_\_ Neutered or spayed? \_\_\_\_\_ Species:  Dog  Cat

Pet's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet's name: \_\_\_\_\_ Sex \_\_\_\_\_ Neutered or spayed? \_\_\_\_\_ Species:  Dog  Cat

Pet's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Reason for bringing pet in: \_\_\_\_\_

Does your pet have any allergies, special medications, or health problems we should know about?  Yes  No

If yes, what? \_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_ Treats? \_\_\_\_\_

Are your pets on heartworm preventives?  Yes  No Which one? \_\_\_\_\_ Last Date Given? \_\_\_\_\_

Are your pets on Flea Prevention  Yes  No Which one? \_\_\_\_\_ Last Date Given? \_\_\_\_\_

Who was your previous veterinarian? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### How did you become aware of our hospital?

Drove by  Facebook  Previous client  Website  Referred by friend, whom may we thank? \_\_\_\_\_

\*\* In order to provide exceptional service to our clients and their families our office will be implementing a new policy starting January 1, 2017. Appointments cancelled or missed without giving a 24 hour notice will incur a fee of \$25. Surgery appointments cancelled or missed without a 48 hour notice will incur a fee of \$45. Please understand that we do **NOT** want to initiate these fees, however, in order to better serve our clients it has become necessary. As a courtesy to our patients, we offer an automated confirmation system.

Please be sure your email and phone numbers are listed above. Initials \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**We appreciate payment when services are rendered. For your convenience, we accept cash, check, Care Credit, MasterCard, Visa, Discover and American Express. I verify that all the information provided is accurate.**