



## New Patient Information Form

Welcome to Pacific Beach Veterinary Clinic. We are glad to have you and your pet here and are dedicated to the utmost patient care and customer service. Please feel free to ask any questions concerning the treatment of your pet or other policies of the Clinic. To help us better serve you, please provide us with the following information: Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Additional Contact Name/Relationship \_\_\_\_\_ Addl Contact Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Best time to reach you during the day \_\_\_\_\_  
 Preferred method of contact (circle one)    Email                      Home Phone                      Cell Phone  
 How did you choose our practice (circle one)                      Location                      Social Media  
 Date of Birth \_\_\_\_\_ Personal Recommendation (whom may we thank?) \_\_\_\_\_

Patient Information		Pet #1	Pet #2	Pet #3
<b>Name</b>				
<b>Breed</b>				
<b>Date of Birth</b>				
<b>Color</b>				
<b>Sex (circle):</b>		Female    Male Spayed    Neutered	Female    Male Spayed    Neutered	Female    Male Spayed    Neutered
<b>Last Heartworm Prevention</b>				
<b>Previous Veterinarian's Information</b>	Name			
	Hospital			
	Phone			

Any previous illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on a special diet or medications? \_\_\_\_\_

We require payment at the time services are rendered. Service charges of 1.5% (annual percentage of 18%) will be assessed after 30 days on all unpaid balances. A \$20 fee will be charged for all returned checks and we are unable to accept checks from new client.

Signature of Owner/Agent & Date \_\_\_\_\_