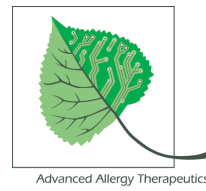




PATIENT INFORMATION



Date _____

Last Name _____ First Name (Owner) _____

Address _____ Zip Code _____

Telephone Home _____ Cell _____ Work _____

E-mail Address _____

Pet's Name _____ Age _____ DOB _____

Who to reach in case of an emergency _____

How did you hear about our clinic? _____

Is your pet currently receiving veterinary care? Yes _____ No _____

If yes, name of veterinarian and clinic _____

Conditions being treated _____

Please list your most important health concerns:

1. _____
2. _____
3. _____

Please list tested or suspected allergies and related symptoms:

Food _____

Plants _____

Other _____

Are your pet's symptoms seasonal or all year round? _____

List all current medications (prescriptions and over the counter) and doses for each:

Is your pet pregnant? Yes _____ No _____

Is your pet in a smoking environment? Yes _____ No _____

Please read, sign and print out the Waiver and Release form.

Yes, I have read and understand the New Patient Information form.

Signature _____ **Date** _____

(If under the age of 18, must be signed by Parent or Legal Guardian)

PLEASE BRING THIS FORM AND THE WAIVER AND RELEASE FORM WITH YOU TO YOUR PET'S APPOINTMENT.

Canobie Lake Veterinary Hospital
61 Range Road Windham, NH 03087 603 898-8982