

New Patient Registration

Date: _____

Name of Pet: _____

Date of Birth / Approximate age: _____

Species (circle one): Dog / Cat / Other: _____

Gender: Female / Male

Is your pet spayed / neutered? Yes / No

Breed: _____

Color: _____

Date of Last Vaccinations (Dog):

Rabies- _____

Dhlpp- _____

Lyme- _____

Bordatella (Kennel Cough)- _____

Heartworm Test- _____

Date of Last Vaccinations (Cat):

Rabies- _____

Fvrcp- _____

Leukemia- _____

Feline Leukemia / FIV Test- _____

Is your cat declawed? _____

Is your cat: Indoor / Outdoor / Both

Any known drug allergies, hypersensitivity or previous medical problems?

Reason for this visit: _____

Name of Previous Veterinarian: _____ Phone# _____

Client Registration

Owner's Name: _____ Spouse: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Preferred phone number to contact you: Home / Cell / Work / Other _____

How did you choose us? Convenience / Yellow pages / Web / Referred

If referred from a friend, please tell us their name _____

The hours of operation of the Animal Hospital of DuBois are **Monday & Thursday 8-5** and **Tues, Wed & Fri 8-4**.

This hospital is not staffed in the evenings, on weekends, or holidays.

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