



## NEW CLIENT & PATIENT INFORMATION FORM

Welcome to **Portsmouth Animal Hospital!** So we can provide you with exceptional service, please share information about yourself and your pet(s). Our mission is to provide you with the very best loving, compassionate veterinary health and wellness care from before hello to beyond goodbye. We offer veterinary care, lodging and grooming for your best friends.

<b>ABOUT YOU</b>	NAME:
	HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
	APT/SUITE#:
	HOME PHONE: (     ) _____ CELL: (     ) _____
	EMPLOYER:
	WORK PHONE: (     ) _____ EXT. _____
	EMAIL:
	HOW WOULD YOU PREFER TO BE CONTACTED: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> EMAIL
	DRIVER'S LICENSE #: _____ EXP. _____

<b>SECONDARY CONTACT</b>	NAME:
	RELATIONSHIP: <input type="checkbox"/> SPOUSE <input type="checkbox"/> SIG. OTHER <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER _____
	CONTACT NUMBER: (     ) _____
	EMPLOYER: _____ PHONE: (     ) _____

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

- Referred by a friend, whom may we thank? \_\_\_\_\_  
 Referred by a veterinarian, whom may we thank? \_\_\_\_\_  
 Drove by      Previous Client    Website ([www.portsmouthvet.com](http://www.portsmouthvet.com))    Other

For your convenience, we accept cash, check, MasterCard, Visa, Discover and Care Credit. By signing below I verify that all the information provided is accurate. I understand that payment is due at the time of service. By signing below, I agree to pay all collection and court cost, if required to collect any debts owed to Portsmouth Animal Hospital.

I agree that Portsmouth Animal Hospital may use each photograph of my companion animal with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising and web content.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*PLEASE FLIP FORM OVER TO GIVE US INFORMATION ABOUT YOUR PET\*\*\***

2607 Airline Boulevard Portsmouth, VA 23701  
Phone: (757) 465-5332 Fax: (757) 465-7948

**FOR OFFICE USE ONLY:** I/C \_\_\_\_\_ COPY OF DL? \_\_\_\_\_ FOLDER # \_\_\_\_\_



ABOUT YOUR PET	PET NAME:	DOB: (MONTH/YEAR)
	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IS YOUR PET SPAYED/NEUTERED? <input type="checkbox"/> Y <input type="checkbox"/> N
	SPECIES: <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> BIRD <input type="checkbox"/> FERRET <input type="checkbox"/> REPTILE <input type="checkbox"/> RABBIT OTHER _____	
	BREED:	COLOR:
MICROCHIP NUMBER:		
ABOUT YOUR PET'S HEALTH	IS YOUR PET ON HEARTWORM PREVENTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IS YOUR PET ON FLEA PREVENTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IS YOUR PET CURRENT ON ITS RABIES VACCINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DOES YOUR PET HAVE ANY ALLERGIES, SPECIAL CONDITIONS OR HEALTH PROBLEMS WE SHOULD KNOW ABOUT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, WHAT?	
	WHAT TYPE OF FOOD DOES YOUR PET EAT?	
	WHAT VETERINARY CLINIC WAS YOUR PET(S) MOST RECENT VACCINATION GIVEN AT?	
	WHO IS YOUR PREVIOUS VETERINARIAN?	

ABOUT YOUR PET	PET NAME:	DOB: (MONTH/YEAR)
	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IS YOUR PET SPAYED/NEUTERED? <input type="checkbox"/> Y <input type="checkbox"/> N
	SPECIES: <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> BIRD <input type="checkbox"/> FERRET <input type="checkbox"/> REPTILE <input type="checkbox"/> RABBIT OTHER _____	
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