



# Ridglea West Animal Hospital

## New Patient Form

### Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill all pages of this information sheet.

Owner's Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

\_\_\_\_\_

Spouse's/Other's Employer Name & Address \_\_\_\_\_

\_\_\_\_\_

At **what time** \_\_\_\_\_ and at **what phone #** \_\_\_\_\_  
is it best to call about your pet?

In Case of EMERGENCY, Call \_\_\_\_\_

At Phone # \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Driver's License \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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## Animal Medical History

Pet's Name \_\_\_\_\_  
 Species Dog      Cat      Bird      Other \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Color and Markings \_\_\_\_\_  
 Age/Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_  
 Diet (Name of Pets Food) \_\_\_\_\_  
 Daily Medications, Vitamins, or Treats \_\_\_\_\_  
 Shampoo/Flea products used \_\_\_\_\_  
 Hours spent outside each day \_\_\_\_\_

## Vaccinations & Test

**Please list the dates the following vaccinations/test were given**

### DOGS

- DA2LPP  
(Distemper/Parvo) \_\_\_\_\_
- Bordetella (Kennel/Cough) \_\_\_\_\_
- Corona \_\_\_\_\_
- Other Vaccines (Please Specify) \_\_\_\_\_
- Rabies \_\_\_\_\_

### CATS

- FVRCP (Infectious Diseases) \_\_\_\_\_
- FELV (Feline Leukemia) \_\_\_\_\_
- FIP (Feline Infectious Peritonitis) \_\_\_\_\_
- Rabies \_\_\_\_\_

### Medical History

Heartworm Test \_\_\_\_\_  
 FELV OR FIV Test \_\_\_\_\_  
 Fecal Test (Stool exam for worms) \_\_\_\_\_  
 Dentistry (Approx. Date work was done) \_\_\_\_\_  
 Medical History – Prior Illness/Surgery \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Previous/Current Veterinarian: \_\_\_\_\_

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## Ridglea West Animal Hospital New Patient Form

### How did you hear of our hospital?

- ( ) Internet Search  
( ) **www.RidgleaWest.com** website  
( ) Individual, someone we may thank? \_\_\_\_\_  
( ) Yellow Pages, or another telephone directory  
( ) Hospital Sign  
( ) Another Hospital or Clinic. If so, which? \_\_\_\_\_  
( ) Costco Ad  
( ) Other, please state: \_\_\_\_\_

How would you like to be reminded of future recommended preventive health care service for your pet? (check all that apply)

eMail (recommended)    Phone    USPS Mail

Our current reminder system can provide up to 3 reminders at 2-4 week intervals. Do you wish to be reminded more than one time?   Yes ( ) No ( )

**To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.**

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of my pet as you deem best and/or necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank You!**