



New Patient Information

Pet's Name _____ Sex _____ Date of Birth _____

Breed _____ Color _____

Where did you obtain your pet? _____ Age of pet when acquired _____

Is your pet: NEUTERED?: NO YES - at what age? _____

Has your pet always resided in South OC, CA? YES NO Where? _____

Past SURGERY HISTORY OVH/Castration Only Other _____

Pertinent past MEDICAL HISTORY? NO YES (please describe) _____

Has your pet ever had a VACCINE REACTION? NO YES (which vaccine) _____

Current MEDICATIONS? NO YES (please describe) _____

Current SUPPLEMENTS,OTC or HERBAL MEDS? _____

Name of Previous/Current VET: _____

Current DIET: _____ canned or kibble How long on diet? _____

TREATS (including table/human foods): _____

FLEA CONTROL? NO YES - name: _____ Last dose given on _____

HEARTWORM PREVENTION? NO YES - name: _____ Last dose given on _____

Date of last INTERNAL PARASITE TEST _____ Date of last DENTAL CLEANING _____

MICROCHIP? Mfgr _____ Chip Number _____

Are there other PETS in the household? NO YES (circle) Dogs Cats Other _____

CAT OWNERS ONLY: Are any cats in your household positive for FeLV or FIP? _____

I assume complete financial responsibility for services provided by Ortega Animal Care Center. I have been advised that payment plans are not available and all services are to be paid for at the time they are rendered.

Owner's Signature _____ **Date** _____

FOR OFFICE USE ONLY: MEDICAL PROBLEM LIST

PET'S NAME

OWNER'S NAME

ACCT #