New Patient Form - Mill Creek Veterinary Hospital

Welcome to Mill Creek Veterinary Hospital. It is our desire to provide the optimum veterinary care for your pet(s). We urge you to ask any questions you may have concerning hospital policies and/or treatment of your pet(s).

Owner Information

Owner's Name :	Co-owner :
Owner's Address:	
Home Phone:	Cell Phone:
Emergency Phone:	Email address:

Pet Information

Pets Name	Dog or Cat	Breed	Color	Date of Birth	Gender	Altered -Y or N	Microchipped -Y or N

Any medical history of this pet?

Is this pet on any regular medicine/heartworm preventives/supplements?

Any allergies?

Name of the previous veterinary hospital?

Vaccination status - **Current** vs. **Overdue** : *Which vaccine is overdue?* or **Unknown**

What is the pet's main diet?

Has your pet ever shown a sign of aggression to a person or a pet? If yes please describe briefly the nature of the incidents and any trigger based on history.

Please make sure to have your dog on a leash, or have your cat secured in a carrier before you come into the clinic. Please ask for a carrier if you need one. Thank you for your cooperation.

Signature page and additional information on the back of this form

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By signing this form I certify, as the primary owner of this pet, that I have the full ownership of this animal and I reserve all the right to make health-related decisions for my pet. I also acknowledge, in case I am out of contact, the 'co-owner' listed on this form has the same right to discuss, authorize, and approve any form of medical treatments deemed necessary for this pet.

I also understand and agree that hospital policy requires payment for medical services at the time they are provided for my pet(s).

Primary owner name

Primary owner signature

Date

Below survey is voluntary. Thank you for your participation.

How did you hear about us? Phonebook, Internet search, word of mouth, other

Personal Referral - someone we may thank?

Any suggestions to improve scheduling and check-in processes?