



PETCHESTER VETERINARY NEW PATIENT FORM

309 White Plains Road

Eastchester, NY 10709

T-914-771-7387 F-914-771-7385 E- petchestervets@gmail.com

OWNER INFORMATION

Last Name	First Name	Date
Street Address		Apt./Unit
City	State	ZIP
Home Phone #	Cell/Work Phone(s)	
Co-owner Name	Primary Phone #	
E-mail Addresses		
How did you hear about us? Personal reference _____ Whom may we thank? _____		
Internet _____ Live in area/pass by _____ Other Vet/ER Referral _____ Shelter/Rescue Group _____		

PET INFORMATION

Name	Age/Date of Birth	
Species Dog _____ Cat _____ Bird _____ Reptile _____ Ferret _____ Rabbit _____ Rodent _____ Other _____		
Breed	Color/Markings	Gender
Microchipped No _____ Yes _____ If yes, brand _____	Spayed or Neutered No _____ Yes _____ If yes, date _____	
Dog Vaccinations: Distemper _____ Parvo _____ Adeno hepatitis _____ Other(s) _____ Date Rabies _____ tag # _____ Date of Fecal _____ Results _____ Date of Heartworm _____ Results _____	Cat Vaccinations: FVR _____ Panleukopenia _____ FeLV _____ Other(s) _____ Date of Rabies _____ tag# _____ Date of Fecal _____ Results _____ Date of FeLV/FIV test _____ Results _____	
Current Illnesses and/or Medications No _____ Yes _____ If yes, please list.		
Please list any known allergies to food, drugs, insect bites....		
What is your pet's current diet, feeding schedule? List brand names, amounts, frequency, etc.		
Client Courtesies Multiple Pet Household _____ Active Military Personnel _____ Police/Firemen _____ Animal Rescue/Nature Centers _____ Disabled/ Service Animals _____		

OWNER OR AGENT SIGNATURE

I hereby certify I am the owner or appointed agent and authorize treatment of the above animal and understand payment is due at time of service and/or discharge.

Signature _____ Date _____