

North Cache Veterinary Service

New Patient Information

Our staff and doctors want to welcome your new pet! The following information will help us to ensure we provide the best care for your pets based on their individual needs, your expectations and lifestyle.

Owners name: _____

Has your address or phone number changed recently? Yes No

Email we can send vaccination reminders to:

Pet's name: _____

(Circle one) Dog Cat Other

Breed: _____

Color: _____ Date of Birth: _____

Sex: Female Male Spayed/Neutered? Yes No

Have you medicated your pet recently? (Including over-the-counter drugs) Yes No

If yes, list medications:

Has your pet been tested for heartworms? Yes No

If yes, when? _____

Is your pet on a preventative program for parasites? Yes No

If yes, what? _____

Any prior illness or injury we should know about? Yes No

If yes, when? _____

Do you have your pet groomed? Yes No

Does your pet travel with you? Yes No

Out of state? Yes No

Do you use your pet for hunting or sporting? Yes No

Other pets in the household? Yes No

If any, please list: _____

Thank you for choosing North Cache Veterinary Service for your pet's care!