

NEW PATIENT INFORMATION FORM

To: Brix Veterinary Service – Veterinarians and Staff

Name of Owner: _____ Name of Animal: _____

Address: _____ Species: _____

_____ Breed and Color: _____

Contact Phone: _____ Sex: _____ Date of Birth: _____

Alternate Phone: _____

IDENTIFICATION

Does your pet have a microchip? Yes No If yes, microchip number: _____

Is your pet is permanently identified by other means (tattoo, ear notch)? Yes No

If yes, identification and location: _____

VACCINATION RECORD

Vaccine	Date Administered

TEST RESULTS

Test	Date	Result
DOGS: Heartworm Test		Positive Negative
CATS: FELV/FIV Test		Positive Negative
Other:		

MEDICAL HISTORY (previous surgery, illness, or injury): _____

CURRENT MEDICATIONS (please include amount, frequency given, as well as heartworm and flea/tick preventives):
