



# MERRIFIELD ANIMAL HOSPITAL

## NEW PATIENT FORM

*\*PLEASE PRINT*

Owner's first and last name: \_\_\_\_\_

Pet's name: \_\_\_\_\_ DOB or approximate age: \_\_\_\_\_

Species: Canine | Feline Sex: Male | Female | Male-neutered | Female-spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Obtained from (name of rescue, shelter, breeder): \_\_\_\_\_

Lifestyle: Indoors \_\_\_\_\_ % Outdoors \_\_\_\_\_ %

**Diet:**

Dry  Wet/Canned

Brand: \_\_\_\_\_ Amount: \_\_\_\_\_

Known allergies, drug, or food intolerance: \_\_\_\_\_

Major illnesses/problems (include dates when possible): \_\_\_\_\_

**Current medications (select all that apply):**

Flea & Tick - Brand \_\_\_\_\_

Heartworm preventative - Brand \_\_\_\_\_

Other: \_\_\_\_\_

Other pets at home: \_\_\_\_\_

Previous animal hospital/vet and phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_