

# LYON VETERINARY CLINIC NEW PATIENT FORM

Prior to your pet's first appointment, please fill out the following information so as to ensure that the doctor has all the necessary information to treat your pet. Bring any documentation of previous vaccinations at the time of your appointment. Be advised that all patients are required to have proof of a current rabies vaccine for services to be provided or a vaccine will be administered prior to discharge.

Thank you and we look forward to seeing you and your pet.

Client Information (If you are a current client, please fill out your name and phone number, and proceed to patient information)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Patient Information (Please fill in the information as it applies to your pet. Not all the information applies to every patient)

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or Female? \_\_\_\_\_ Neutered or Spayed? \_\_\_\_\_

Previous Veterinarian Name and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Does your pet have a microchip, tattoo or other permanent identification? \_\_\_\_\_

List the date of the last vaccination or test. Please bring the appropriate documentation from your veterinarian or adoption agency.

Canine Distemper (DHPPC) \_\_\_\_\_

Fecal Test \_\_\_\_\_

Leptospirosis \_\_\_\_\_

Feline Distemper (FVRCP) \_\_\_\_\_

Rabies \_\_\_\_\_

Leukemia \_\_\_\_\_

Bordetella \_\_\_\_\_

Rabies \_\_\_\_\_

Lyme \_\_\_\_\_

FeLV/FIV test \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Other \_\_\_\_\_