



# New Patient Information Form

## Welcome to the Rancho Santa Fe Veterinary Hospital!

Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please take a few moments to answer these questions prior to examination of your pet.

Name \_\_\_\_\_ Spouse/Alternate Owner \_\_\_\_\_

Billing/Mailing Address:

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address (if different from above):

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

How did you choose our practice?  Yellow Pages  Location  Helen Woodward  Website

Personal Recommendation (whom may we thank?) \_\_\_\_\_  Other \_\_\_\_\_

Do you work or volunteer for:  HWAC employee / volunteer  A rescue/shelter: \_\_\_\_\_  
(circle one)

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth or Age			
Color			
Sex			
Spayed or Neutered?			

Would you like your pet's picture on our website? Y / N

Any previous illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_