

Flanders Veterinary Clinic
New Patient Form

Today's Date: _____
Appointment Date: _____

Referred By: _____
Appointment Time: _____

Last Name: _____
First Name: _____
Address: _____

Home Phone: _____
Work/ Cell Phone: _____

City., State, Zip Code _____
Driver's License # & State: _____
Social Security # _____
E-mail Address: _____

Pet's Name: _____
Species _____
Age/ Birth Date: _____
Is your pet currently on any medications? _____

Sex: _____
Breed: _____
Color: _____

Special considerations (pre-existing conditions, allergies, treatments) _____

Is your pet currently up to date on their vaccinations? _____

Previous Veterinarian: _____
Address: _____
Phone # _____ Fax # _____
May we request your pet's medical/ vaccination history for our records? _____

How will you be paying today? Cash _____ Check _____ Credit Card _____

There will be an APR of 18% and a \$2.00 billing charge to all non-zero balances after an initial 30 day grace period**

*** Please note that any information reported on this form will remain in our files and is strictly for the use of Flanders Veterinary Clinic.***

Signature: _____

Date: _____