



**Veterinary
Medicine
Specialists
of D/FW**



NEW PATIENT REGISTRATION

*To be completed by owner of patient
and brought to initial appointment.*

OWNER INFORMATION

Primary contact*	Mr Mrs/Ms Dr	Secondary Contact	Mr Mrs/Ms Dr
Home Phone	_____	Relationship	_____
Cell Phone	_____	Home Phone	_____
Work Phone	_____	Cell Phone	_____
Fax #	_____	Work Phone	_____
Email Address	_____	Email Address	_____

**please note that this will be the person contacted for all communication regarding the patient's care; please circle phone # you prefer to be contacted*

Address	_____	
City	_____	State / Zip _____
Employer	_____	Driver's License # _____
Family Veterinarian	_____	Preferred Pharmacy _____
Hospital Name	_____	Phone _____

PATIENT INFORMATION

Name	_____	Species	_____	Dog / Cat (circle one)
Breed	_____	Age or DOB	_____	
Color(s)	_____	Sex	Female / Male (Spayed / Neutered)	
Allergies?	_____			
Vaccinations	current / overdue (circle one)			
Heartworm Prevention Medication	current / overdue / not given			
Flea and/or Tick Prevention	current / overdue / not given			

- I (owner) understand that fees are payable at the time the services are rendered. Payment plans are not directly available from Veterinary Medicine Specialists of Dallas / Ft. Worth, although an application for third party financing can be provided.
- I (owner) understand that prior to admitting my pet for testing and/ or hospitalization, an estimate of services can be provided. A deposit equal to the low range of the estimate will be required, and the balance will be due at the time of discharge.
- Veterinary Medicine Specialists of Dallas / Ft. Worth accepts the following methods of payment: cash, check (valid driver's license required), Visa, MasterCard, American Express, and Discover.

Signature: _____ Date: _____



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NEW PATIENT HISTORY FORM

*To be completed by owner of patient
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Patient Name	_____	Date	_____
Primary Contact	_____	RDVM	_____
Secondary Contact	_____	Hospital	_____
Length of ownership	_____	Diets & Treats	_____
Environment	indoor / outdoor (circle one)	<i>(please include brand, amount, and frequency)</i>	_____
% time outside?	_____	Last time pet ate	_____
Other pets?	_____		

Travel history (locations lived or visited): _____

Reason for referral: _____

Duration of problem: _____

Problem is: _____ getting better / worse / about the same (circle one)

Please list ALL medications given

(include prescriptions, over-the-counter & supplements, and include dose if possible)

Heartworm prevention: current / overdue / not given (circle one) Product used: _____

Flea / Tick prevention: current / overdue / not given (circle one) Product used: _____

Any previous illness, injury, or surgery? *(include date of occurrence)*

SYMPTOMS (please circle responses)

Activity Level	Increased	Normal	Decreased	
Drinking	Increased	Normal	Decreased	
Appetite	Increased	Normal	Decreased	
Weight	Increased	Stable	Decreased	How much?
Urination	Increased	Normal	Decreased	Straining? Y/N Odor? Y/N Color change? Y/N
Vomiting	Yes	No	Unsure	How often? Contents?
Bowel Movements	Diarrhea	Normal	Constipation	Straining Y/N Blood Y/N Mucus Y/N Tarry / Black Y/N Color change Y/N How Often?
Breathing	Fast / Panting	Normal	Labored	
Coughing	Yes	No	Productive Y/N	How often? Time of occurrence?
Sneezing	Yes	No	Unsure	How often?
Nasal Discharge	Yes	No	Unsure	Blood Y/N Clear Y/N Colored (purulent) Y/N
Abnormal bleeding or bruising?	Yes	No	Unsure	Location?
Other abnormalities?	_____			

FOR OFFICE USE: P# _____ T _____ P _____ R _____ W _____