



CHLOE EMERY, DVM

NEW PATIENT INFORMATION SHEET

Thank you for joining our family at Lakeland Animal Clinic and giving us the opportunity to care for your pet. So we can adequately care for your pet, please complete the following:

Owner's Name: _____

Name: _____ Species: DOG or CAT Breed: _____ Sex: M or F

Birthday: _____ Age: _____ Color/Markings: _____

Reason for today's visit: _____

Has your pet been spayed or neutered? YES or NO

Has your pet had vaccinations done at a previous veterinary clinic? YES or NO

If yes, please list the name(s) of the previous clinics: _____

Is your pet currently on any heartworm or flea/tick prevention? YES or NO / Type: _____

Is your pet primarily indoor, outdoor, or both? _____

Does your pet take any medications regularly? If so, please list the names of the medications and frequency:

Does your pet have any history of seizures, illness, or allergies? If so, please explain: _____

Has your pet ever had any adverse/allergic reactions to vaccines and/or medications? If so, please list which vaccines/medications: _____

Are there any special considerations regarding your pet's behavior? If so, please explain: _____

Does your pet have any special dietary needs? If so, please explain: _____

Has your pet ever had a dental cleaning? YES or NO

Please list any other concerns you may have about your pet: _____