

**Bay Creek Animal Clinic**  
**New Patient Information Form**

**Patient Identification**

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

Pet's Name: \_\_\_\_\_

Species: Dog ( ) Cat ( ) Rabbit ( ) Ferret ( ) Mouse/Rat ( ) Guinea Pig ( ) Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male ( ) Male/Neutered ( ) Female ( ) Female/Spayed ( )

**Patient Medical Information**

Date of Last Vaccines: Rabies vaccine \_\_\_\_\_ Not known ( )

DHLPP (dog distemper) \_\_\_\_\_ Not known ( )

Bordetella (dog kennel cough) \_\_\_\_\_ Not known ( )

FVRCP (cat distemper) \_\_\_\_\_ Not known ( )

Feline Leukemia \_\_\_\_\_ Not known ( )

Date of Last Heartworm Test: \_\_\_\_\_ Not known ( ) Not done ( )

Medications: \_\_\_\_\_

Chronic Conditions: \_\_\_\_\_

Diet: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Origin of Pet: Breeder ( ) Shelter ( ) Stray ( ) Individual ( )

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

