



HSN Veterinary Clinic

New Patient Form

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health! **Fields marked with an * are required.**

*Owner's Name: _____

*Phone: _____

Spouse's Name: _____ Phone: _____

*Address: _____

*Email: _____

Preferred method of contact for reminders (check all that apply): Phone Text Email

Employer Name: _____ Phone: _____

Emergency Contact (name): _____ Phone: _____

How did you learn about the HSN Veterinary Clinic (check all that apply)?:

Website Time of Pet Adoption Google Search Friend/Family Other

Pet Information

*Pet's Name: _____ *Species: Dog Cat Other

*Date of Birth (if known): _____ *Gender: M F Neuter Spay

*Breed: _____ *Color: _____

Where did you obtain this pet?: _____

What brand of food do you feed your pet?: _____

Please record dates of your pet's last vaccinations below:

Rabies: _____ Distemper: _____ Bordetella: _____

Feline Leukemia: _____ Corona: _____ Parvo: _____

Does your pet have any ongoing medical problems?: Yes No

If yes, please list: _____

List any flea products used on your pet(s) or in your home: _____

*Previous Veterinarian: _____

NO CHECKS PLEASE. Cash, Debit, Visa, MasterCard, Discover, American Express and Care Credit are gladly accepted. A written estimate of services, fees can be prepared if desired. All professional fees due at time services are rendered. In cases of extensive medical or surgical procedure where full payment may be difficult discharge, we accept all major credit cards.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature: _____ Date: _____