



**NEW PATIENT INFORMATION**

DOG       CAT       RABBIT     RODENT    BIRD       REPTILE

**NAME** (first and last) \_\_\_\_\_

**BREED** (first and last) \_\_\_\_\_

MALE     FEMALE      **NEUTERED/SPAYED Y / N**

**DESCRIPTION** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**DATE OF LAST RABIES VACCINE** \_\_\_\_\_

**OTHER VACCINE DATES** \_\_\_\_\_

**KNOWN ALLERGIES** \_\_\_\_\_

**PREVIOUS VETERINARIAN** \_\_\_\_\_