

# Midway Animal Hospital

## New Client / Pet Form

Pet Owner's Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse or Co-Owner Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_

Names and ages of children living at home:  
\_\_\_\_\_

Are there other pets in your household? YES / NO

If yes, please indicate quantity below:

Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Birds: \_\_\_\_\_

Reptiles: \_\_\_\_\_ Rabbits: \_\_\_\_\_ Other: \_\_\_\_\_

### Pet Information

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

Birth Date: \_\_\_\_\_ Species: \_\_\_\_\_

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

Female Spayed YES NO

Male Neutered YES NO

Microchipped YES NO

**Medical Conditions that we need to be aware of**  
(allergies, drug reactions, heart conditions, etc.)  
\_\_\_\_\_

### What does your pet eat?

Dry Brand: \_\_\_\_\_

Canned Brand: \_\_\_\_\_

People Food? \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In case of EMERGENCY, please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by (We would like to thank them.):  
\_\_\_\_\_

### Previous Veterinary Hospital – Vaccination History

(indicate the date (dd/mm/yy) your pet last received the following vaccinations)

Do you have copy of records? Y/N

#### Canine

DHP: \_\_\_\_\_ Parvovirus: \_\_\_\_\_

Bordetella: \_\_\_\_\_ Rabies: \_\_\_\_\_

Lyme: \_\_\_\_\_ Other: \_\_\_\_\_

#### Feline

Rabies: \_\_\_\_\_ FVRCP: \_\_\_\_\_

Leukemia: \_\_\_\_\_ Other: \_\_\_\_\_

How would you like to receive reminders? Postcard / Email

### Dental Care

Do you brush your pet's teeth? YES / NO

Date of last clinic dental cleaning? \_\_\_\_\_

### Parasite Control

When was the last time your pet received deworming?

Date: \_\_\_\_\_ never

What brand? \_\_\_\_\_

### Flea Control

What type of flea control are you currently using?  
\_\_\_\_\_

None

\_\_\_\_\_ I authorize Midway Animal Hospital to release vaccine information and/or medical records to:

\_\_\_ Boarding facilities \_\_\_ Grooming facilities \_\_\_ Veterinary Clinics \_\_\_ Rescue Org.

\_\_\_\_\_ I do not authorize Midway Animal Hospital to release vaccine and/or medical information without prior consent.

Accounts must be paid in full at time of service. We accept: Cash, Visa, MasterCard, Discover & Care Credit