

# ANIMAL CARE UNLIMITED

2665 Billingsley Rd., Columbus, OH 43235

## NEW PATIENT FORM

*Thank you for giving us the opportunity to care for your pet(s).  
So that we may be better able to treat your pet(s), please complete the following...*

### CLIENT INFORMATION

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
AGE OR DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			

### YOUR DOG'S VACCINATION HISTORY

RABIES			
DHLP PARVO CORONA			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			

### YOUR CAT'S VACCINATION HISTORY

RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA TEST			
FECAL (STOOL SAMPLE)			

### OTHER PET(S)


Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on heartworm/flea preventative medication? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Do you have pet health insurance?  Yes  No Name of Provider: \_\_\_\_\_

*(For more information about pet health insurance, please see the receptionist)*

