



3751 SE US HWY 281
Medicine Lodge, KS 67104

New Client/Patient Form

Owner's Name _____ Spouse or Co-Owner _____
Address(City, State, Zip) _____
Primary Phone _____ Cell ___ Home ___ Work ___
Secondary Phone _____ Cell ___ Home ___ Work ___
Spouse or Co-Owner Phone _____ Cell ___ Home ___ Work ___
Place of Employment _____
How'd you hear about us? _____

Pet's Name _____ Birth Date _____
Species Dog Cat Other (if other, please specify) _____
Breed _____ Color _____
_____ Female Spayed? Yes No
_____ Male Neutered? Yes No

Medical Conditions
(allergies, drug reactions, seizures, heart murmur, etc.)

Medical Records

(name/phone of hospital where they can be obtained)

Do we have your permission to contact the above mentioned hospital to obtain your pet's previous records?
_____ YES _____ NO

Vaccination History
(list month/year your pet received the following vaccinations)
Rabies _____ 1 year 3 year
Canine Distemper/Parvo _____
Feline Distemper _____
Other _____

Nutrition
Dry Brand _____ Amount/Day _____
Canned Brand _____ Amount/Day _____
Table Scraps? YES NO

Heartworm Preventative
Is your pet currently taking preventative?
YES NO If yes, Brand? _____

Authorization:
I hereby authorize the veterinarian to examine, prescribe for and/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 are to be paid at time of release and that a deposit may be required for surgical procedures.

Signature of Owner/Agent _____ Date _____

Thank you for choosing Redland Veterinary Hospital!