

**WELCOME TO KINDNESS ANIMAL HOSPITAL  
NEW PATIENT INFORMATION SHEET**

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information that will be necessary as we support your pet's needs today and in the future. PLEASE PRINT.

**OWNER INFORMATION**

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Spouse/Other Employer: \_\_\_\_\_

May we call you at work? If so please give :

Work Phone: \_\_\_\_\_ Spouse/Other Work Phone: \_\_\_\_\_

How/Why did you select us?  Yellow Pages  Referred by Friend/Family Member  
 Previous Client  Drove By  Other \_\_\_\_\_

If by referral, whose account may we credit? \_\_\_\_\_

**PET INFORMATION**

Pet's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M F Spayed/Neutered: Yes No

Medical Information - Please give the last dates for the following vaccination/test:

**DOGS**

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

Distemper: \_\_\_\_\_

Parvo: \_\_\_\_\_

Heartworm Test: \_\_\_\_\_

Fecal Exam: \_\_\_\_\_

**CATS**

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

Respiratory Complex: \_\_\_\_\_

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

Fecal Exam: \_\_\_\_\_

Do you have Pet Insurance? If so what is the name of the Carrier \_\_\_\_\_

Do you use any type of flea control? If so what type? \_\_\_\_\_

Is your dog on heartworm medication? \_\_\_\_\_

Any allergies or past serious injuries? \_\_\_\_\_

**PAYMENT POLICY**

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** If you require an estimate, we will gladly prepare a written estimate for you (please ask our doctor OR receptionist). In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, American Express and Care Credit. **WE DO NOT BILL** so if there is a problem with payment please discuss it with us **before hand**.

Signature of Responsible Agent for Pet: \_\_\_\_\_ Date: \_\_\_\_\_