

Old Dominion Animal Hospital  
811 Preston Avenue, Charlottesville, VA 22903 Phone: (434) 971-3500

## NEW PATIENT FORM

You may save time by printing and filling out this form before your pet's first visit. We operate by an appointment schedule so please call 971-3500 to make sure we schedule a time for your pet's visit.

### OWNER INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse or Pet's Co-Owner and Their Contact Info: \_\_\_\_\_

Emergency or Cellular Phone: \_\_\_\_\_

How did you hear about Old Dominion Animal Hospital?

Referred by: \_\_\_\_\_ (We'd like to thank them through our referral rewards program.)

\_\_\_\_\_ Phone Book/Yellow Page Ad

\_\_\_\_\_ Drove By Hospital

\_\_\_\_\_ [www.olddominionanimalhospital.com](http://www.olddominionanimalhospital.com) website

\_\_\_\_\_ Other

### PET INFORMATION

Pet's Name: \_\_\_\_\_ Pet's Birth Date: \_\_\_\_\_

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

Female - Spayed: Yes \_\_\_\_\_ Date: \_\_\_\_\_ No \_\_\_\_\_

Male - Neutered: Yes \_\_\_\_\_ Date: \_\_\_\_\_ No \_\_\_\_\_

Vaccination History: Please indicate when your pet last received these vaccinations.

Canine Distemper/Parvo: \_\_\_\_\_ Feline Distemper: \_\_\_\_\_  
Leptosporosis: \_\_\_\_\_ Feline Leukemia: \_\_\_\_\_  
Bordetella (Kennel Cough): \_\_\_\_\_ Rabies: \_\_\_\_\_  
Lyme: \_\_\_\_\_ Other: \_\_\_\_\_

Heartworm Prevention: Are you currently giving your pet a heartworm preventative?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Brand/Type/Size: \_\_\_\_\_

Dental Care: Has your pet ever had his/her teeth cleaned?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Are you brushing your pet's teeth? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you giving your pet dental chew treats? Yes \_\_\_\_\_ No \_\_\_\_\_

Nutritional Information: What do you feed your pet? \_\_\_\_\_  
Do you give your pet table scraps or snacks? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you give your pet vitamins or supplements? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your pet have any medical conditions we should know about?  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet have any behavioral problems you'd like to discuss?  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet been micro-chipped for identification? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is your pet's identification number? \_\_\_\_\_  
If no, would you like your veterinarian to discuss how easy it is to have your pet safely and permanently identified as yours if he/she is ever lost or stolen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there other pets in your household? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many?  
Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Ferrets \_\_\_\_\_ Reptiles \_\_\_\_\_ Other \_\_\_\_\_

Payment is expected at the time services are rendered. We accept payment by cash, check, Visa, MasterCard, Discover, and CareCredit. A deposit may be required for major medical or surgical cases or for emergency services. Accounts must be paid in full before hospitalized pets may be released. We have no desire to extend anyone beyond their means and will gladly advise you on anticipated costs for the care of your pets.  
How do you plan to pay today? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date