



AMC OF GARNER
VETERINARY HOSPITAL
 MODERN MEDICINE. LIKE FAMILY

New Patient Information

Congratulations on the newest member of your family! We are so excited to work with you and your new pet towards a lifetime of health and happiness.

Please take a few minutes to fill in the requested information below:

Patient Information

Pet's Name _____ Species (circle one): **Dog** **Cat**

Breed: _____ Color: _____

Date of Birth: ____ / ____ / ____

Sex (circle one): **Male** **Female** **Neutered Male** **Spayed Female**

Microchip # (if applicable): _____

Medical History:

Previous Veterinary Hospital (most recent): _____ Phone # _____

Known Allergies: _____

Current Medications (drug name, dose, frequency): _____

Current Heartworm Prevention: _____

Current Flea and Tick Prevention: _____

Current Diet (diet name, amount, frequency) _____

Lifestyle (please circle one): **Indoor Only** **Indoor and Outdoor** **Outdoors Only**

Vaccine History:

Please indicate last known date of vaccine administration:

Dog: Rabies _____ Distemper (DHPP) _____ Bordetella _____ Leptosporosis _____
 Lyme _____

Cat: Rabies _____ FVRCP _____ Leukemia _____

****If you do not know the last date of administration the AMC staff will contact your previous care providers to determine that last known vaccination administration. If a previous date cannot be determined the vaccine will be considered overdue until updated. By North Carolina state law, a rabies vaccine must be updated if no proof of previous administration can be provided****