



# SMALL ANIMAL MEDICINE & SURGERY

3200 Sherrills Ford Road  
Salisbury, NC 28147  
704-636-6613

## NEW PATIENT INFORMATION: CANINE

Today's Date \_\_\_\_\_

	You	Spouse or 2 <sup>nd</sup> Contact
Name	_____	_____
P.O. Box	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Home Phones	_____	_____
Cell Phones	_____	_____
Work Phones	_____	_____
E-Mail	_____	_____
Employer	_____	_____
Employer Address	_____	_____
City, State, Zip	_____	_____

1. Dog's Name: \_\_\_\_\_
2. Breed: \_\_\_\_\_
3. Birthday or Age: \_\_\_\_\_
4. Colors: \_\_\_\_\_
5. Sex  Female  Spayed Female  Male  Neutered Male
6. Is your dog:  Inside  Outside  Both
7. Food your dog eats: \_\_\_\_\_
8. Date of last vaccinations:
  - Rabies \_\_\_\_\_
  - Distemper/Parvo \_\_\_\_\_
  - Kennel Cough \_\_\_\_\_
  - Other \_\_\_\_\_
9. Is your dog on heartworm prevention?  No  Yes: Brand: \_\_\_\_\_
10. Is your dog on flea-tick control?  No  Yes: Brand: \_\_\_\_\_
11. Any other information about your pet that will help us? \_\_\_\_\_

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12. Other persons that may call or pick up your pet? \_\_\_\_\_
13. Do you like to be called for rechecks and reminders?
  - Yes, please do remind me
  - No, I do not like to be bothered