



# Southridge Animal Hospital

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www.southridgeanimalhospital.com

## New Patient Information:

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Patient's Date of Birth/Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? **Y / N**

Is your pet Microchipped? **Y / N** If yes, do you have their microchip number? \_\_\_\_\_

Is your pet currently on any medications? **Yes / No**

If yes, please list them here: \_\_\_\_\_

Does your pet have any history of aggressive behavior? **Yes / No**

If yes, please note here: \_\_\_\_\_

Has your pet been seen by a veterinarian before? **Yes / No**

If yes, please list the clinic name and phone number here: \_\_\_\_\_

Cats only (Circle one): Indoor / Outdoor

Dogs only: Is your dog on heartworm prevention? (Circle one) **Yes / No**

If yes, what brand? \_\_\_\_\_ Last dose given (date): \_\_\_\_\_

**Please note any conditions listed below that are applicable to your pet's health history.**

\_\_\_ Seizures

\_\_\_ Skin Problems

\_\_\_ Allergies

\_\_\_ Congestive Heart Failure

\_\_\_ Kidney Disease

\_\_\_ Liver Disease

\_\_\_ Thyroid Disease

\_\_\_ Vaccine Reactions

\_\_\_ Feline AIDS/Feline Leukemia

\_\_\_ Urinary Issues

\_\_\_ Upper Respiratory Issues

\_\_\_ Parvo

Is there anything additional that you would like to add to their medical record? Please explain.

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