

**Star Meadow Animal Clinic**

1073 Farmington Ave.  
Farmington, CT 06032

**New Patient Information**

Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Circle one: Spayed / Neutered Color: \_\_\_\_\_

Which type of food do you feed your pet? \_\_\_\_\_

Is your pet on any medication or special diets? \_\_\_\_\_

\_\_\_\_\_

Does your pet have any known drug allergies? \_\_\_\_\_

Does your pet take heartworm and flea/tick medication on a monthly basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know of any area on your pet where they do not like to be handled?

\_\_\_\_\_

If you are bringing in a puppy for the first time, where was the puppy acquired?

\_\_\_\_\_

If you are a dog owner, do any of your dogs demonstrate aggressive behavior toward other dogs or people? \_\_\_\_\_

Has your pet visited any other veterinary hospitals recently?

\_\_\_\_\_

**Are you interested in:**

Dental Services: \_\_\_\_\_ Flea & Tick Control: \_\_\_\_\_ Microchip: \_\_\_\_\_

Boarding: \_\_\_\_\_ Heartworm Prevention: \_\_\_\_\_ Behavioral: \_\_\_\_\_

Pet Nutrition: \_\_\_\_\_ Obedience Training: \_\_\_\_\_

I understand that all charges are to be paid in full at time services are rendered, or at time of discharge, and that a deposit is required for inpatient services. I understand that the hospital staff will provide an estimate of current and anticipated charges for any hospitalizations. By signing below, I am requesting that veterinary care be provided for pets presented by myself or my agents. I understand that I am financially responsible for all services provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

