

**STAR MEADOW ANIMAL CLINIC**

1073 Farmington Ave.  
Farmington, CT 06032  
860-677-4638

**NEW PATIENT INFORMATION**

Owner: \_\_\_\_\_

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

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

Sex: M or F            Spayed or Neutered (Circle one)

Name of Current Diet/Quantity per day \_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

Known Allergies: (drugs, food, environmental) \_\_\_\_\_

Current Medications Given: Heartworm/Parasites            Flea/Tick

Any Aggression? Yes or No (circle one) If yes towards    People    Dogs    Cats  
If yes, please explain: \_\_\_\_\_

**Are you interested in:**

Dental Services    Flea & Tick Control    Microchip    Pet Nutrition

Boarding            Heartworm Prevention            Behavior            Obedience Training

I understand that all charges are to be paid in full at time of services are rendered or at time of discharge. Also 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: \_\_\_\_\_

