



Cape Coral Animal Shelter Veterinary Clinic

New Patient Form

We are pleased to welcome you to our veterinarian practice. Please fill out this form as completely as you can. If you have any questions, we will be happy to help. We look forward to maintaining your pet's health!

Owner Information

Owner's Name: _____ Spouse's Name: _____

Mailing Address: _____ Zip Code: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Email Address: _____ Spouse's # _____

How did you learn about CCAS Veterinary clinic (check all that apply)? Website _____ Time of pet adoption _____ Google Search _____
Friend/Family _____ Please list their name for our referral program _____ Other _____

Patient Information

Patient's Name: _____ DOB: _____ Color: _____

Species: Dog ___ Cat ___ Breed _____ Sex: Female ___ Male ___ Spayed ___ Neutered ___

Does your pet have a microchip: Yes: ___ No: ___ Where did you obtain your animal? _____

Typical Food (i.e. brand, wet, dry, etc.): _____ Amount/Frequency _____

Specific Medical History: _____

Does your pet have any known allergies or reactions to any medication or food? Yes: ___ No: ___

If you said "Yes" above, please elaborate here: _____

If your pet up to date on vaccinations? Yes ___ No ___ Is your pet on heartworm prevention? Yes _____ No _____

Is your pet on flea preventive? Yes _____ No: ___ Are you coming from a different doctor or hospital? Yes ___ No ___

If "Yes" Name of doctor/hospital: _____

I am the owner, or representative of the owner, of the animal presented and have the authority to execute this consent. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

NO CHECKS PLEASE. Cash, Debit, Visa, Mastercard, Discover and American Express are gladly accepted. A written estimate of services, fees can be prepared if desires. All professional fees due at time services are rendered.

Signature: _____ Date: _____