



# Three Village Veterinary Hospital

## NEW PATIENT INFORMATION FORM

Owner's Last Name: \_\_\_\_\_ Owner's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Spouse/Co-Owner (Last, First): \_\_\_\_\_ Pet's Name: \_\_\_\_\_

*(Listed Owner must be at least 18-years of age and be responsible for making medical and financial decisions)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone:(     ) \_\_\_\_\_ - \_\_\_\_\_

Spouse Phone:(     ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Contact #:     Home     Cell     Preferred Contact Method:     Text     Telephone

Pet's Name: \_\_\_\_\_ Species:     Dog     Cat

Sex:     Female     Female-Spayed     Male     Male-Neutered

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

Birth Date:   Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_   If Unknown, Approximate Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Is Your Pet Microchipped:     Y     N     If Yes, Enter Microchip Number: \_\_\_\_\_

How Did You Hear Of Us: \_\_\_\_\_ If Referred, Who May We Thank: \_\_\_\_\_

Payment Information: fees are payable by cash, check, Care Credit, debit card, and all major credit cards.

**\*\*\*PAYMENTS ARE DUE AT THE TIME OF VISIT, UPON SERVICES RENDERED. WE DO NOT  
BILL FOR SERVICES, NOR ARE ACCOUNT BALANCES PERMITTED\*\*\***

*I hereby acknowledge that I am the owner of the above-indicated pet, and authorize the veterinarian to examine, prescribe medication for, and/or provide treatment to, my pet. I acknowledge that I am responsible for all charges incurred during all office visits, and that I may be required to leave a deposit when dropping off my pet for any procedure. I authorize you, should you so desire, to take pictures of my pet(s) for print and/or electronic advertising and marketing purposes.*

My signature below indicates my agreement to the entire content of this form.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_