

Market Street Veterinary Clinic

New Patient Information

Pet name _____ Birthdate _____

Breed _____ Color _____

Species: Canine / Feline Male / Female, Altered (Spayed or Neutered) Yes / No

Do you have documentation of vaccine and medical history? Yes / No

Please list previous veterinarian/hospital _____

What is the patient here for today? _____

Does your pet have any known food or drug allergies? Yes / No

If yes, please list the allergies _____

Please list any serious health conditions, and/or previous injuries:

Our Veterinary Clinic Policy

To provide a relaxed and personalized atmosphere with caring doctors and staff who maintain the highest standards of medicine. If, at any time during your relationship with our hospital you feel there is something that needs to be brought to our attention, in order for us to serve pets and their people more efficiently, please let us know.

Owner release: You are to use all reasonable precaution against injury, escape, illness or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet while I am absent or unable to be contacted will be treated as deemed best by Dr. Dorian and/or Dr. Saltzman, and I assume full responsibility for the treatment expense involved.

I have read this policy and agree to these terms

Signature _____ Date _____