

**Newville Animal Hospital**  
**108 Carlisle Road**  
**Newville, PA**  
**776-6311**

*We are pleased to welcome you to our practice. We ask that you take a few moments to fill out this form, answering all questions and printing clearly. If you have questions, we will be glad to assist you. We look forward to working with you and your pet. Thank You.*

### ***Client Information***

Name \_\_\_\_\_ Co-Owner/Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Driver's License \_\_\_\_\_ Email \_\_\_\_\_  
Would you prefer reminders/notifications via ( )Email ( )Postal Mail

### ***Patient Information***

Pet's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ ( )Dog ( )Cat  
Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_ ( )Male ( )Female  
Has the pet been spayed/neutered? ( )Yes ( )No Is the pet microchipped/tattooed? ( )Yes ( )No  
Please list any medical conditions, previous surgeries or any medications your pet is currently taking.  
\_\_\_\_\_  
\_\_\_\_\_

My pet usually eats: ( )Dry Food ( )Canned Food ( )Semi-moist Food ( )Table Scraps  
Brand of Food \_\_\_\_\_ Amount Per Feeding \_\_\_\_\_  
Do you brush your pet's teeth routinely? ( )Yes ( )No  
Is your pet currently taking heartworm prevention? ( )Yes ( )No Brand \_\_\_\_\_

### ***Payment Information***

**\*All payment is due at the time of service\***

Preferred Method of Payment: ( )Cash ( )Check ( )Visa/Mastercard ( )CareCredit  
Do you have pet health insurance? ( )Yes ( )No  
How did you learn about our practice? ( )Sign ( )Yellow Pages ( )Internet  
( )Recommended by \_\_\_\_\_

*I hereby authorize the veterinarian to examine, prescribe for, or treat the animals which I bring to this hospital. I assume responsibility for all charges incurred in the care of these animals. I understand that these charges must be paid for at the time of service and that a deposit may be required for surgical and hospital treatments.*

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

I ( ) consent ( ) decline for my pet(s) photo to be posted on the hospital webpage or the \_\_\_\_\_ hospital Facebook page.