



Sunrise Pet Clinic

New Patient Questionnaire

Primary Caregiver

Last Name: _____

First Name: _____

Previous clients: Do you need to make any changes to your contact information with us? Yes No

Previous clients: Would you like to update your pet(s)' medical authorization form today? Yes No

Pet's Name: _____

Species: Dog Cat Bird Rabbit

Sex: **Female:** Spayed / Not Spayed

Male: Neutered / Not Neutered

Breed: _____

Color(s): _____

Pet Insurance Company: _____

Date of Birth (mm/dd/yy): _____

Where did you obtain your pet?

Friend/Family Breeder

How long have you had your pet? _____

Shelter: _____

Previous Vet Clinic: _____

Rescue: _____

Other: _____

Reason(s) for today's visit: _____

Does your pet live: Only Indoors Only Outdoors Both Indoors/Outdoors

Does your pet visit: Boarding facilities Groomers Pet Friendly Stores Dog Parks

Other states/countries: _____

Other: _____

List all foods and treats your pet eats and has access to daily (include amounts & Brand names):

Are there any chronic or long term conditions your pet has? Please describe.

List all your pet's current medications, supplements, vitamins, including heartworm prevention, flea/tick prevention, special shampoos, conditioners, dental products, etc. Include strengths and how often treatment is given.

Has your pet had any adverse reaction(s) to medication, vaccination, supplements or foods? Please describe.

Has your pet had any past accidents/injuries? Please describe.

List any surgical or dentistry procedures your pet has had and approximate dates/age.

What concerns do you have about your pet's behavior or anxiety when visiting a veterinarian?

Is there anything else you would like us to know about your pet?

Thank you for choosing Sunrise Pet Clinic and for trusting us with the care of your furry family member!

For Office Use Only:	
Client ID # _____	Doctor _____
Date _____	INITIALS _____