

New Patient Information

Indian Creek Veterinary Hospital

295 Lancaster Ave. Reynoldsburg, OH 43068



614-861-1700



Fax: 614-861-7460



icvhmain@sbcglobal.net

Full Name: _____

For Reception Use:

Preferred Contact Number: _____

Account Number: _____

PLEASE GIVE ALL PAST MEDICAL RECORDS TO RECEPTIONIST BEFORE FILLING OUT THIS FORM

Name: _____ Birthday or Approximate Age: _____

Species/Breed: _____ Color/Markings/Morphology: _____

Circle ONE

Circle ONE

Male / Female

Spayed / Neutered / Unaltered

Past medical issues/allergies/complications: _____

Current concerns (if your pet is here for routine care and you do not have any concerns, you do not need to fill this out):

Where did you get your pet? _____ How long have you owned your pet? _____

What brand/formula of food do you feed? _____

How much, how often? _____ Treats? _____

Is your pet on parasite prevention? **Y/N** What brand(s), how often? _____

How often do you bathe and/or brush your pet? _____

Do you brush your pet's teeth? How often? _____

How often and how long do you exercise your pet? _____

Do you have any behavioral concerns about your pet? _____

_____ Please initial to give the authorization to release medical/vaccination records to boarding, grooming, training facilities, adoption and rescue groups, and other veterinary clinics.