



Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811

New Patient Information:

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information about your dog or cat.

Patient name: _____ Date: _____

Do you know the sex of your pet? Female Female Spayed Male Male Neutered

If female, has your pet ever given birth? Yes No

What is your pet's date of birth? (Month and year)? _____ Estimated: _____

Species: _____ Breed: _____ Color: _____

Where did you acquire your pet? _____

When did you acquire your pet? (Month and year)? _____

Husbandry Information

Are there other pets in your home? Yes No

If yes, please specify: _____

What does your pet eat? Please include all foods and treats offered: _____

What type and brand food is offered? _____

How often do you feed your pet? _____

How much is offered for each meal? _____

How often does your pet receive treats? Which ones? _____

Does your pet receive monthly heartworm prevention? Yes No

If yes, what brand?: _____

Does your pet receive monthly flea and tick prevention? Yes No

If yes, what brand?: _____

Do you give any supplements? Yes No

(glucosamine, essential fatty acids, probiotics, vitamins, other)

If yes, please specify: _____

Where does your pet spend time? Indoor only Outdoor only Indoor and outdoor

When your pet is outdoors, your pet is: Loose Leashed Fenced

Is your pet Supervised? Yes No

How frequently are the food and water dishes cleaned? _____

Has your pet been crate trained? Yes No

Has your pet received any training? Yes No

If yes, what kind? Group classes Private lessons At-home training



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Dog: Is your pet potty trained? Yes No

Cat: Is your pet litter box trained? Yes No

Visit Information:

What is the reason for the visit? _____

Has your pet received prior veterinary care? Yes No

If yes, when and where? Please provide all locations and approximate dates: _____

Has your pet had any history of vaccine reactions? Yes No

If yes, what vaccination(s)? Please describe reaction: _____

Does your pet have any known allergies to medications or foods? Yes No

Which medications or foods? Please describe reaction: _____

Please describe any previous medical problems: _____

What medication is your pet currently on? Include all prescriptions, supplements, vitamins, topical treatments, etc: _____

Does your pet need to receive any anti-anxiety medications prior to exams? Yes No

If yes, which medication and what dosage? _____

If your pet is sick, has your pet experienced any of the following?

Regurgitation Diarrhea Coughing Sneezing

Loss of appetite Change in activity level No

If present, please describe: _____

Has your pet experienced any of the following?

Excessive consumption of water Excessive urination Straining to urinate

Decreased stool production Straining to defecate No

If present, please describe: _____

When did the above symptoms first appear? _____ N/A

How have these symptoms changed since first being noticed? _____ N/A

Have any at home treatments been provided for this concern? _____ N/A

Behavior Comments:

Has your pet exhibited aggressive behavior to people before? Yes No

If yes, please describe: _____

Has your pet exhibited aggressive behavior to other animals before? Yes No

If yes, please describe: _____



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Please Initial One: Do Resuscitate: _____ Do Not Resuscitate: _____

I, the undersigned, certify that the above information is true and correct to the best of my knowledge.

Client Signature: _____ Date: _____

Client Printed Name: _____

Primary Caretaker (if different from above) and age (if minor): _____