



NEW PATIENT INFORMATION

www.mymarionvet.com

Visa • MasterCard • Discover • American Express • Care Credit
(Sorry, but we do not accept checks as a form of payment)

OWNER INFORMATION

Please note: Government-issued picture identification will be requested to verify identity for establishing an account.

Mr Mrs Ms Dr Last Name First Initial
Do you prefer to be referred by: First Name or Last Name
Address: City, State: Zip:
Home: Cell: Work: Ext.
E-Mail address: (\* we will send vaccine reminders to this address)
Employer: Emergency Contact/Number:
Co-Owner or Spouse Last Name First Initial
Home: Cell: Work: Ext.
Please indicate how you heard of us: Phone Book Dog Park Our Website Marquee Facebook Humane Society
Referral - Who may we thank? Other:

PATIENT(S) INFORMATION:

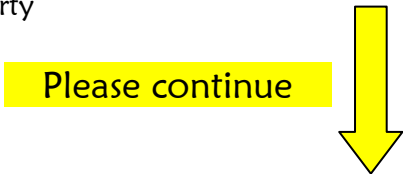
Is your pet microchipped? Yes No

Pet's Name: Dog Cat Other:
Breed: Color: Date of Birth:
Female Spayed Male Neutered
Is your pet the best pet in the whole world? Yes No

I authorize the veterinarian(s) to examine, prescribe for, or treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of this/these animals(s). I understand every reasonable effort will be made to provide for successful treatment; however, due to the nature of some conditions, no guarantee can be made of a successful outcome. I understand that any pictures taken of my pets are property of MVH, LLC, and can be used at the company's discretion. I understand charges are to be paid at the time of services and a deposit may be required prior to treatment. I agree to pay interest charges of 18% APR (1.5% per month) for any balance over 30 days past due. Should collection efforts become necessary, I further agree to pay the reasonable costs incurred in the process of collections. I also agree to pay a non-sufficient funds (NSF) fee of \$25.00 or the maximum allowed by state law for any returned check, and this fee along with full check payment may be electronically withdrawn from my bank account.

X
Signature of Owner of Financially Responsible Party

Date



# Comprehensive Patient Medical History Form

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Name of Pet:	Yes	No
Are your pet's vaccinations up to date?		
Has your pet ever had a reaction to vaccines?		
Was there a heartworm test in the last year?		
Is your pet taking a heartworm prevention Rx?		
Was your pet tested for worms in the last 6 months?		
Have you seen your pet passing any worms?		
Does your pet ever strain to urinate?		
Has your pet had any illness/injury in the last year?		
Has your pet ever had a seizure?		
Has there been any recent vomiting?		
Has there been any recent diarrhea?		
Any recent constipation?		
Has your pet been scooting?		
Has your pet been coughing?		
Sneezing?		
Gagging?		
Has your pet been listless?		
Have you noted any weakness?		
Any lameness: Indicate leg: RF    LF    RR    LR		
Have you noted any stiffness?		
Has your pet been scratching? Where?		
Have you noted any head shaking?		
Does your pet have any hair loss? Where?		
Any unusual lumps or bumps?		
Does your pet eat table scraps?		
Does your pet have bad breath?		
Is there any unusual discharge?		
Have you noted any behavioral changes?		
Does your pet travel with you?		
Increase or decrease in appetite?		
Increase or decrease in drinking?		
Increase or decrease in urination?		
Increase or decrease in defecation?		
Increase or decrease in weight?		

Please indicate the vaccines your **DOG** is current on:

Rabies YES    NO    DHLPP YES    NO    Lyme YES    NO  
Bordetella YES    NO    Parvovirus YES    NO

Please indicate the vaccines your **CAT** is current on:

Rabies YES    NO    FVRCP YES    NO

Feline Leukemia YES    NO

Does your cat live:

Indoors only            Outdoors only            Indoors & Outdoors

Reason for visit today?

*\*\*\*Please bring your pet's medical history, if possible\*\*\*  
We will gladly make a copy for your pet's records.  
If you cannot locate them, please list who has treated your pet(s)  
in the past so we can call to have the records faxed.*

Veterinarian:

Phone:

Pet's diet?

Health problems or behavioral issues?  

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What medications is your pet taking?

Is your pet allergic to any food/prescription? YES    NO

Brand of flea and tick prevention?

Brand of heart worm prevention?

Anything else you would like us to know?

While uncommon, adverse reactions to vaccines, injections and medications can occur. Typical symptoms include swelling, itching and vomiting; however, in rare cases, collapse, seizures and death can occur. We encourage you to discuss any concerns you have regarding administering vaccines, injections or medications to your pet with one of our doctors.

I hereby authorize the hospital to prescribe for and treat the conditions presented on this form and requested in the future for my pet. The hospital and staff will not be held liable for any problems that develop provided that a reasonable standard of care is provided. Further, I agree to pay fees in full for services rendered when pet is discharged from the hospital's care unless prior arrangements have been agreed upon by both parties.

X

Signature

Date