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 HEALvet.com

New Patient Information

(Information about your pet)

Pet's Name:		
Species: Dog Cat		
Breed:	Date of Birth:	
Sex:	Spayed or Neutered?	
Are there other pets in the home?		If yes, please list type and age:
Pet obtained at what age?	From where?	Is this pet a therapy or working pet? _____
If yes, what certification? _____		
If you obtained your pet from a breeder, did his / her parents hold any health certifications? <div style="display: flex; justify-content: space-around;"> Yes No Not Sure </div> If yes, please indicate certifications/ clearance and if sire or dam: _____ _____ <p style="text-align: center;">For example: OFA- good hips/ elbow, PRA clear, vWD clear, etc.</p>		
Does your pet have a microchip?		ID #, if known:
Does your pet have any allergies to medications or vaccines? _____		
If so, please provide details:		
Chronic Medications with dosing and frequency: Example: Rimadyl 25mg Twice a day		Supplements- for blended supplements, please give name and then <u>itemize</u> each active ingredient and mg of each given AND frequency:

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Page 2

Please provide a timeline of your pet's past medical history as best you can recall:

What are your primary concerns/ goals for your pet?

To best utilize your pet's scheduled appointment time, we strongly encourage that all previous medical history, vaccination record, lab results, and x-ray images be sent to HEAL at least 48 hours prior to your appointment time.

All items may be faxed to 214-723-7606 or emailed to info@healvet.com

*Please reference and sign our Appointment Policy