

Meridian Veterinary Care
New Patient Form

Date: _____

Owner Information:

Name: _____

Address: _____

Home Phone: _____ Cell : _____ Email: _____

Occupation: _____ Work phone: _____

Referred by: _____ Spouse's Name: _____

Pet Information:

Name: _____ Birth Date: _____ Breed: _____

Color: _____ Sex: M / F Neutered? Yes / No

List your pet's medical concerns in order of importance including date of onset and any current treatments or medications:

1. _____

2. _____

3. _____

Is your pet on any other medications not listed above (Please include Flea/Tick or Heartworm Preventative)? _____

List any previous health history including surgeries or major illnesses:

List your pet's most recent vaccinations and dates: _____

Has your pet ever had a vaccine reaction? Yes / No If yes, please explain: _____

What type of diet and amount of food is your pet currently eating? _____

List any dietary supplements, vitamin/minerals or herbal medications you pet is taking (including joint supplements): _____

Does your pet frequently have loose stool, overly dry stool or mucous and/or blood in the stool? Yes / No

Does your animal tend to seek warmer or cooler locations to rest? _____

Check the description(s) that best fit(s) your pet's personality:

- Earth:** Friendly, easy-going, food-motivated, relatively calm
- Fire:** Talkative/Vocal/Barks a lot, high energy, demands attention
- Wood:** Dominant, aggressive or irritable tendencies
- Metal:** Clean/tidy, likes order, routine and rules
- Water:** Fearful, submissive, tendency to hide

Waiver/Informed Consent

I, the undersigned, understand that Meridian Veterinary Care offers both traditional veterinary care AND alternative care modalities including herbal medications and homeopathic remedies. I understand that the safety and/or effectiveness of some alternative modalities are not well-established and or deemed "experimental" according to the American Veterinary Medical Association. I also understand that, although rare, the potential for adverse reactions to herbal medications exists.

Signature of Pet Owner

Date