



## NEW PATIENT REGISTRATION

Owner \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_  
 Email Address \_\_\_\_\_

Does anyone have permission to make decisions on behalf of your pet? Please list name and contact information:  
 \_\_\_\_\_

I understand that payment in full is due at time of service. I agree to assume financial responsibility for all professional fees, and agree to pay MVC when services are rendered. I understand that a fee of \$35.00 will be incurred for all returned checks and a service fee of 1.5% will be charged on any unpaid balance. MVC may also recover reasonable attorney's fees and court costs incurred as a result of my failure to pay in accordance with this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PRIMARY CARE VETERINARIAN

Name of Hospital \_\_\_\_\_  
 Veterinarian's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

## PET HEALTH HISTORY

Name of Pet \_\_\_\_\_ Dog Cat Other \_\_\_\_\_  
 Dogs Registered Name \_\_\_\_\_ AKC # \_\_\_\_\_  
 Breed \_\_\_\_\_ M F MN FS  
 Color \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
 Are any surgeries or dentistry planned? No Yes If yes, when \_\_\_\_\_ What procedure? \_\_\_\_\_  
 Do any of your pet's relatives have heart disease? No Yes If yes, what type? \_\_\_\_\_  
 Heartworm tested? No Yes If yes, when? \_\_\_\_\_ Results: \_\_\_\_\_ Preventative? No Yes  
 Are there any temperament issues we should be advised of? \_\_\_\_\_  
 Reason for visit:

PET HEALTH HISTORY CON'T

Is your dog/cat taking any medications currently? If so please list them along with the frequency and dosage:

Has your dog/cat had a echocardiogram performed in the past? If so, was it performed by Dr. Morris? (If performed by another cardiologist please bring a copy of the report(s) to the visit.

Has your dog has a 24 hour holter monitor performed in the past? If yes, please list dates and if performed by Dr. Morris, please bring a copy of the report(s) to the visit.

Additional Comments: