



239-994-5433
FetchAVetTX.com
DrMelton@FetchAVetTX.com

NEW PATIENT FORM

Date _____
Owner Name _____ Spouse/Co-owner _____
Address _____ City/State/Zip _____
Phone# _____ Work# _____ Reminders? email text mail
Email Address _____
Any of the following living with pet? Children under 18 yrs ___ Immune-suppressed Individual ___
How did you hear of our hospital? _____

Pet's Name _____ Circle: Cat or Dog
Date of birth/ Age _____ Sex _____ Spayed/Neutered? Y N
Breed _____ Color _____ Length of time owned _____
Pet's diet (Brand, dry and/or can) _____
of hours pet is outdoors per day _____
Is your pet on heartworm prevention? Y N Is your pet on flea prevention? Y N
Any allergies or vaccine reactions? Y N If yes, to what? _____
List pet's prior illness or injuries, if any _____

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*WE WILL GLADLY PREPARE A WRITTEN ESTIMATE IF YOU DESIRE. PLEASE JUST ASK OUR STAFF. ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

** WE ACCEPT CASH, DEBIT OR CREDIT CARDS AND CHECKS.

Signature _____

*A Full Service Mobile Veterinary Clinic • Wellness & Vaccines • Sick Pet • Surgery • Dentistry
Digital X-Ray • Ultrasound • Bloodwork • Acupuncture • In-home Hospice & Euthanasia*

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