



PET SPECIALISTS
EMERGENCY +

PSM New Patient Information Form

Thank you for allowing us to care for your pet. To ensure the best care possible, please fill out this form completely. We'll be happy to answer any questions you may have.

Client Information				Date:
Title:	First:	Middle:	Last:	
Street:				
City:			State:	Zip:
Home Phone:		Cell:	Email Address:	
DL#			State:	
Best method of contact: Phone Cell Spouse/Significant Other				
Spouse/Significant Other				
Title:	First:	Last:	Phone:	

Patient Information				
Pet's Name:		Species: canine feline		
Breed (best estimate):		Birthdate (best estimate):		Color:
Current on vaccinations?: Yes No		Spayed/Neutered? Yes No		Sex: Male Female
In the event of a life-threatening complication, do you want us to perform CPR on your pet? Yes No				
Current Medications:		Allergies or reactions to current or past medications:		
Reason for visit:				
Past problems or illnesses:				
How did you hear about us?				

Referring Veterinarian	
Dr:	
Practice Name:	
Phone:	Fax:
Address:	
City, State, Zip:	

PSM Staff to Complete			
Client #		Patient #	
Date Admitted:		Time:	
Wt:	T:	HR:	
RR:	MMS:	CRT:	
BCS: /9	Pain Scale 0 / 1 / 2 / 3 / 4		

AUTHORIZATION: I hereby authorize PSM to examine, prescribe for, and/or treat the above described pet. I, as the owner or person acting on behalf of the owner, assume responsibility for all charges incurred in the care of this animal. I acknowledge a deposit will be required prior to diagnostic testing, treatment or surgery. Estimate may change upon changes in my pet's condition or medical needs. The balance of the bill is due upon the completion of my pet's visit.

Signature of Owner/Responsible Party:	Date:
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451 Canyon Del Rey Boulevard
Del Rey Oaks, CA 93940

Emergency Clinic: (831) 899-7387 (PETS)
Referral Clinic: (831) 899-4838 (4VETS)