

Animal Medical Center of Charlottesville

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NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to the Animal Medical Center! So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care for the life of your pet.

PATIENT INFORMATION

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Ferret Rabbit Other _____

Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed _____ Color _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No

If yes, what? _____

What type of food does your pet eat? _____ Treats? _____

Dates of last vaccinations:

Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____ Kennel cough: _____

Heartworm test: _____ Is your dog on heartworm preventives? Yes No

Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____ Feline leukemia: _____

Where were the most recent vaccinations given? _____

Who is your previous veterinarian? _____ Phone (____) _____

CLIENT INFORMATION

First name _____ Last name _____

Secondary owner first name _____ Secondary owner last name _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Cell (____) _____

E-mail address _____

For educational purposes, we occasionally use photos of our patients on our website or Facebook page.

- I agree to AMC's use of my pet's image on social media sites – I will be notified if my pet is featured.
- I DO NOT agree to AMC's use of my pet's image on social media sites

We expect payment when services are rendered. For your convenience, we accept cash, MasterCard, Visa, Discover & Amex. We Do not accept checks. I verify that all the information provided is accurate.

Signed _____ Date _____