



Dr. Paul Davis, D.V.M.
Diplomate, A.B.V.P.
Dr. Katie Knotts, D.V.M.
Dr. Lisa Rodin, D.V.M.

Welcome!

Date _____

Client (Owner) Information: Mr. Mrs. Ms. Dr. (please circle)

Name _____ Cell # _____

Spouse _____ Cell # _____

Address _____ City _____ Zip _____

Home # _____ Work # _____ Email _____

Drivers License: State _____ # _____ DOB _____ EXP _____

How did you hear about us? _____

Patient (Pet) Information:

Name _____ Breed _____

Color _____ Male or Female _____ Spayed or Neutered _____

Date of Birth or approximate age _____

Medical History:

When was your pet last vaccinated? _____

List current medications (if any) _____

Previous health problems we should know about? _____

Any known allergies or reactions to medications? _____

** To help keep down the cost of your veterinary care, all fees are due upon completion of your visit. We accept cash, check, Visa, Mastercard, Discover, American Express and Care Credit.*

Previous Treatment Release:

I hereby authorize _____, veterinarian or clinic, to release all medical records on my pet(s) to **Santa Fe Veterinary Clinic.**

Signature: _____