



Dr. Paul Davis, D.V.M.
Diplomate, A.B.V.P.
Dr. Blake Robberson, D.V.M.

Welcome!

Date _____

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

Primary Contact _____ Primay contact # _____
Secondary contact _____ Secondary contact # _____
Address _____ City _____ Zip _____
Alternate contact # _____ Email _____

How did you hear about us? _____

Patient (Pet) Information:

Name _____ Breed _____
Color _____ Male or Female _____ Spayed or Neutered _____
Date of Birth or approximate age _____

Social Media Release

I grant Santa Fe Veterinary Clinic permission to post my pet's picture, story and basic medical information on social media.

Signature: _____

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: _____