

**MANOR VETERINARY HOSPITAL**  
**NEW PATIENT INFORMATION**

DATE: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_

PET'S AGE: \_\_\_\_\_ PET'S DOB: \_\_\_\_\_

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_

SEX: \_\_\_\_\_ NEUTERED/SPAYED?: YES OR NO

DATE, PLACE AND PHONE OF LOCATION FOR LAST VACCINATIONS?

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NUMBER OF CATS YOU HAVE: \_\_\_\_\_ NUMBER OF DOGS YOU HAVE: \_\_\_\_\_  
This includes the pet we are seeing today!

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