



Martin G. Crabo, DVM  
 C. Renee Andrea, DVM, Dipl. ACVS  
 Nate McClellan, DVM, Dipl. ACVS  
 Kimberly A. Gryl, DVM  
 Nicole Tavel, DVM  
 Amy Cunningham, DVM  
 Alison Ariano, DVM

**NEW PATIENT FORM**

**Owner's Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Work phone:(\_\_\_\_\_) \_\_\_\_\_ Cell/Pager:(\_\_\_\_\_) \_\_\_\_\_  
 Previous or Referring Veterinarian \_\_\_\_\_

How did you hear about Chaparral Veterinary Medical Center?

Yellow Pages _____	Friend (name) _____
CAH Web Site _____	Dex Online Yellow Pages _____
Sign / Building _____	Other _____

**Patient Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Castrated \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Pet ID \_\_\_\_\_  
 Date/type of most current vaccines \_\_\_\_\_  
 Date of current rabies vaccine \_\_\_\_\_ 1yr or 3yr(please circle one)  
 Current Medications/ allergies \_\_\_\_\_  
 Insurance Information \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Castrated \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Pet ID \_\_\_\_\_  
 Date/type of most current vaccines \_\_\_\_\_  
 Date of current rabies vaccine \_\_\_\_\_ 1yr or 3yr(please circle one)  
 Current Medications/ allergies \_\_\_\_\_  
 Insurance Information \_\_\_\_\_

**CHAPARRAL VETERINARY MEDICAL CENTER POLICY**

1. ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED & NO CREDIT WILL BE EXTENDED UNLESS PREVIOUSLY APPROVED BY THE OFFICE MANAGER. DEPOSITS ARE REQUIRED FOR HOSPITALIZED PATIENTS.
2. THERE IS **NOT** 24 HOUR OBSERVATIONS OF HOSPITALIZED PATIENTS UNLESS DEEMED NECESSARY BY THE DOCTOR IN CHARGE. PLEASE ASK IF YOU ARE CONCERNED.  
 VISITING HOURS ARE BETWEEN 9am & 4:30pm M -F & 9am to noon Saturday or by appointment.
3. YOU MUST SIGN A SEPARATE CONSENT FORM FOR SURGERY OR TREATMENT WHEN ANIMALS ARE HOSPITALIZED.
4. WHEN ANIMALS ARE DISCHARGED OWNER OR AGENT ASSUMES RESPONSIBILITY FOR HOME CARE

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_