

CENTRAL AVENUE VETERINARY CLINIC

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NEW PATIENT REGISTRATION

THANK YOU FOR CHOOSING CENTRAL AVENUE VETERINARY! TO BETTER ASSIST YOU, PLEASE PROVIDE SOME INFORMATION ABOUT YOU AND YOUR PET.

Date:	Where did you hear about us?	
OWNER INFORMATION		
Owners Name:		
Street Address:		
City/Town:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		
PET INFORMATION		
Pet Name:	Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Breed(s):
Color(s):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (if unknown please estimate):		
Microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Microchip Number:	
Pet Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Provider?	
How long have you owned this pet?		Where did you get this pet?
Has this pet been seen by another Veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, who?
PET MEDICAL HISTORY		
Is your pet up-to-date on Vaccines and Testing? (please check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Cat: <input type="checkbox"/> Rabies <input type="checkbox"/> Distemper (FVRCP) <input type="checkbox"/> Leukemia <input type="checkbox"/> Feleuk/FIV		
Dog: <input type="checkbox"/> Rabies <input type="checkbox"/> Distemper/Parvo <input type="checkbox"/> Bordetella <input type="checkbox"/> Lyme <input type="checkbox"/> Heartworm		
Is your dog on monthly Heartworm preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly Flea/Tick preventative? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your pet had any Surgeries or Dentistry's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please provide any details on previous surgeries:</i>		
Is your pet on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Please list any medications:</i>		
ADDITIONAL INFORMATION		
Please provide any additional information you would like us to know:		
PAYMENT OPTIONS		
Payment is expected at time of service. We accept debit cards, credit cards (Visa, Mastercard, Discover, American Express) and cash. All cards must be signed by the owner of the card. Central Ave Veterinary understands unexpected illnesses and emergencies happen, so we encourage you to connect with CareCredit to help you get through this. The application is minimal and will allow you to break down your payment into monthly installments. You can apply at our hospital, and we will call in your application over the phone for immediate approval, or apply yourself online at: www.CareCredit.com .		
Signature:	Date:	