

# South Texas Veterinary Urgent Care

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## New Patient Form

Date

Client Name

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Primary Care Veterinarian

Yes  No

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Patient Name

Species

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Canine  Feline  Other

Age

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Weeks  Months  Years

Current medications & Preventions

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Presenting Complaint (s)

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Duration of Present Complaint(s)

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Any allergies to medications or food allergies?

Yes  No

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**Is your pet up to date on Rabies vaccines and other vaccines?**

YES

NO

**Signature**

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