



# Holistic Veterinary Options, PC

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Pamela J Ditonto, DVM

## New Client and Patient Information:

Thank you for giving us the opportunity to care for your special companion. Please help us to better meet all of your needs by completing the following information. Thank you!

**Date:** \_\_\_\_\_

**Caregiver's Name:** \_\_\_\_\_ **Spouse/Other:** \_\_\_\_\_

**House Members:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Alternate Telephone Number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_ **Work Telephone Number:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ **Acct Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Driver's License: State:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**How were you referred to us?** \_\_\_\_\_

\*\*\*\*\*

**Patient's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Species:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Altered/When?** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Tattoo/ Micro chip:** \_\_\_\_\_

**Where did you get your friend?** \_\_\_\_\_

**How long have you had your friend?** \_\_\_\_\_

(Please turn over and complete in side two)

Name: \_\_\_\_\_

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**MEDICAL HISTORY**

**Vaccinations:** \_\_\_\_\_

**Medications (previous):** \_\_\_\_\_

**(current):** \_\_\_\_\_

**Surgery:** \_\_\_\_\_

**Illness:** \_\_\_\_\_  
\_\_\_\_\_

**Diet History:** \_\_\_\_\_

**Dietary Supplements:** \_\_\_\_\_  
\_\_\_\_\_

**Grooming Products/ Practices:** \_\_\_\_\_  
\_\_\_\_\_

**Exercise:** \_\_\_\_\_

**Primary Reason for Visit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_