

Pet information- Eagle River Animal Hospital!

Please take a moment to fill out the following information about your pet.

Pet's Name: _____ *Cat:* _____ *Dog:* _____ *Other:* _____

Breed: _____ *Color:* _____ *Age:* _____

Sex: (please circle one): *Male* *Female* *Male Neutered* *Female Spayed*

Are vaccinations current? *Yes* *No*

Which animal hospital and in which city are your current pets' records kept?

Are there any current or past medical conditions we need to be aware of?

Known Allergies? _____

Is your pet currently on any medication? _____

Does your pet have any behavior issues we should be aware of? If so please explain:

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described Pet (s).

Signature: _____ *Date:* _____