PATIENT CHART

Date_____ Owner Name:_____

Animal Name:_____ Sex:_____ ○Spayed/Neutered ○Intact

Breed:_____ Color:_____ Age/ DOB:_____

Check which vaccinations your pet has had within the year:

Dog: ○Rabies ○Distemper / Parvo ○Bordetella ○Lyme Disease *Date(s) Given:* _____

Cat: ○Rabies ○Distemper ○Leukemia ○FIP ○FIV *Date(s) Given:* _____

What food does your pet currently eat? Brand_____ Dry ☐ Canned ☐ People Food ☐

Where does your pet live? Indoors ☐ Outdoors ☐ Both☐

Has your pet ever had a bad reaction to medication(s)? Allergies? _____

What health problems has your pet had in the past? _____

Does your pet take heartworm prevention? _____ Have you missed any (if so how many)? _____

What medications does your pet currently take (Including Heartworm/ Flea)? _____

_____

If medications are to be dispensed, do you prefer (Circle One): Tablets Liquid Injection

Circle the reason(s) for today's visit:

Annual Exam & Heartworm	Vomiting	Sneezing	Increased/Difficult Urination
Puppy/Kitten Boosters	Diarrhea	Coughing	Blood in Urine
Ear Odor or Discharge	Constipation	Scratching	Change in Appetite
Eye Discharge	Blood in Stool	Skin Odor / Sores	Increased Water Intake
Nail Trim	Worms in Stool	Fleas / Ticks	Weight Change
Scooting	Lethargic	Swelling / Tumors	Attitude Change
Heartworm Test	Bad Breath	Lameness / Limping	Other:_____

What is the duration and frequency for any symptoms circled above? _____

_____

Preferred Doctor (Circle One): Taylor Dixon Bowers Drury First Available

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If you are dropping your pet off please fill out the following:

I authorize the following diagnostic testing: X-rays ☐ Bloodwork ☐

When is the last time your pet was fed? _____

-All pets with visible evidence of fleas will be treated upon arrival

-All pets must be current on vaccinations unless waived by one of our veterinarians for medical reasons

Signature _____ Date _____

Please list a phone number where you may be reached today: _____

(Payment is required at the time services are rendered)

_____