

PATIENT INFORMATION

To help us become better acquainted with your pet(s), please take a moment to fill out this form as completely as possible. If you have questions, we would be happy to help you.

Pet's Name: _____	Birthdate OR approximate age: _____
Male / Neutered? YES <input type="radio"/> NO <input type="radio"/>	Female / Spayed? YES <input type="radio"/> NO <input type="radio"/>
Breed: _____	Color: _____
Is your pet kept inside? _____ Outside? _____ Both? _____	
Where has your pet been seen previously for medical care and/or vaccines? _____	
Where did you obtain your pet? Breeder <input type="radio"/> Pet Store <input type="radio"/> Humane Society <input type="radio"/> Friend <input type="radio"/>	

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