

## PET INFORMATION

Name of Pet: \_\_\_\_\_

Canine \_\_\_\_\_ Feline \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Are there children living in the home? Yes No

Are there other pets in your household? Yes No

If yes, indicate quantity. # Dogs \_\_\_\_\_ # Cats \_\_\_\_\_ # Other \_\_\_\_\_

### Nutrition

Dry Brand: \_\_\_\_\_ Canned Brand: \_\_\_\_\_

Treats: \_\_\_\_\_ Table Scraps? Yes No

### Dental Care

Do you brush your pet's teeth? Yes No Date of last cleaning? \_\_\_\_\_

### Heartworm Prevention

Is your pet currently taking heartworm preventative? Yes No

If yes, which brand? \_\_\_\_\_

### Flea/Tick Prevention

Is your pet currently on flea/tick preventative? Yes No

If yes, which brand? \_\_\_\_\_

Microchip Identification # \_\_\_\_\_

### Medical Records

Name of hospital where they can be obtained: \_\_\_\_\_

### Vaccination History

Indicate the date (month/year) your pet received the following vaccinations.

(Canine and Feline) Rabies \_\_\_\_\_ Fecal Exam \_\_\_\_\_ Heartworm Test \_\_\_\_\_

(Canine) Distemper/Parvo \_\_\_\_\_ Bordetella \_\_\_\_\_ Influenza \_\_\_\_\_ Lepto \_\_\_\_\_ Lyme \_\_\_\_\_

(Feline) Distemper/FVRCP \_\_\_\_\_ Feline Leukemia \_\_\_\_\_ FELV/FIV Test \_\_\_\_\_

At Charlotte Animal Hospital, we stand behind the three-step program of responsible pet care, Spay/Neuter, Vaccinate and Microchip your pet. We strongly recommend these three steps to keep your pets happy, healthy and safe.

X-Ray # \_\_\_\_\_