



PATIENT INFORMATION

OWNER'S NAME \_\_\_\_\_

PET'S NAME \_\_\_\_\_ SEX: MALE FEMALE UNSURE

AGE/DATE OF BIRTH: \_\_\_\_\_

SPECIES: DOG CAT OTHER: \_\_\_\_\_ NEUTERED/SPAYED: YES NO UNSURE

BREED \_\_\_\_\_ COLOR \_\_\_\_\_

DOES YOUR ANIMAL STAY OUTSIDE OR INSIDE?

HAS YOUR PET HAD ANY OF THE FOLLOWING VACCINES? IF SO, PLEASE INDICATE DATE OF LAST VACCINE:

DOG: RABIES \_\_\_\_\_ 1YR OR 3YR PARVO/DISTEMPER \_\_\_\_\_

BORDATELLA \_\_\_\_\_

CAT: RABIES \_\_\_\_\_ 1YR OR 3YR UPPER RESP COMBO \_\_\_\_\_ FELINE

LEUKEMIA \_\_\_\_\_

Is your pet on Heartworm Prevention? YES or NO

Date of last Heartworm Test? \_\_\_\_\_

Has your cat been tested for Feline Leukemia? \_\_\_\_ If yes was test Positive or Negative

Has your cat been tested for FIV? \_\_\_\_\_ If yes was test Positive or Negative

Is your pet on a Flea and Tick preventative? YES or NO If yes, which preventative? \_\_\_\_\_

Does your pet have a tattoo or microchip? YES or NO IF so, please indicate \_\_\_\_\_

Does your pet have any current or pervious medical problems? If yes, please describe \_\_\_\_\_

Is your pet currently taking ANY medication? If so please list medication, dose and frequency, and how long pet has been on this medication. \_\_\_\_\_

Does your pet have any known allergies to medicines or foods? If so please list \_\_\_\_\_

Has your pet ever acted aggressive in a veterinary hospital? \_\_\_\_\_