



Your Name: _____

PET INFORMATION

Pet's Name: _____ CANINE FELINE Age: _____ Birthday: ____/____/____

Sex: MALE FEMALE Spayed/Neutered: YES NO Breed: _____

Description: _____

PET HISTORY

What kind of heartworm prevention is your pet taking? _____

What kind of flea and tick prevention is your pet taking? _____

Please list any prior surgeries or medical problems to aid in the diagnosis and treatment of your pet.

Has your pet had prior reactions to any medication or vaccines in the past? If YES, please explain.

PLEASE LIST ANY MEDICATIONS/ SUPPLEMENTS YOUR PET IS CURRENTLY TAKING

MEDICATION	DOSE	DOSE LAST GIVEN

Where could we obtain your pet's previous medical records?

Veterinary practice name: _____ Phone #: _____

Does this pet have medical insurance? If so who is the insurer? _____

It is our goal to make your visit here as stress free as possible for you and your pet. To assist us please check all that apply.

_____ GOOD, PASSIVE TEMPERAMENT; FRIENDLY WITH OTHER PETS AND STRANGERS

_____ CAN BE A LITTLE TOUCHY; GETS SCARED EASILY; MAY NIP OR BITE

_____ USE CAUTION; CAN BE AGGRESSIVE

_____ LIKES TREATS