

Client last name: _____

Patient Information **Canine / Feline**

Pets Name: _____ Birth date: _____

Dog ___ Cat ___ M ___ F ___ Spayed or Neutered? _____

Breed: _____ Color: _____ Markings _____

Please circle all that apply and give explanation if necessary:

Is your pet:

Current on all vaccinations? Yes No When/Where _____

Microchipped Yes No Number _____

Heartworm Positive? Yes No

On Heartworm Preventative? Yes No Product _____

On any medication? Yes No Explain _____

Feline Leukemia Positive? Yes No

FIV or FIP Positive? Yes No Which _____

Declawed? Yes No

Indoor or Outdoor / Both

Does your Pet:

Have Seizures? Yes No

Have any serious medical problem? Yes No Explain _____

Have any allergies? Yes No Explain _____

Have vaccine reactions? Yes No Explain _____

Diet: _____

List any other pets in your household: _____

Who was your previous veterinarian? _____

Please attach any other medical information to this form.