

Pet Information

Pet's Name: _____ Dog Cat Other _____

Sex: M F Age: _____ Birthday: _____ Breed: _____

Color: _____ Neutered/Spayed: No Yes At What Age? _____

Describe your pet's diet: _____

List any medications your pet is currently taking: _____

Circle any symptoms or problems you've noticed with your pet:

- | | | |
|---------------------|-----------------|--------------------|
| Appetite loss | Gagging | Sneezing |
| Behavioral Problems | Gums Bleeding | Thirst Increase |
| Breathing Problems | Limping | Urination Increase |
| Coughing | Loss of Balance | Vomiting |
| Depression | Scotting | Weakness |
| Diarrhea | Scratching | Other _____ |
| Ear Disorders | Shaking Head | Other _____ |
| Eye Disorders | Skin Problems | Other _____ |

Pet's Health History (Circle all that your pet has received)

- | | | |
|--------------------------|-----------------------------|---------------------|
| Rabies Vaccine | FVRCP (Feline Distemper) | Prior Surgery _____ |
| DHLPP (Canine Distemper) | Feline Leukemia Vaccine | Prior Illness _____ |
| Lyme Vaccine | FIV (Feline AIDS) Vaccine | Other _____ |
| Bordatella Vaccine | Feline Leukemia/AIDS Test | Other _____ |
| Heart Worm Test | Dental Cleaning/Extractions | Other _____ |

Responsible party/client name: _____

Phone number: _____

Signature: _____ Date: _____