

PET INFORMATION

PET'S NAME _____
BIRTH DATE OR AGE _____
SEX _____ NEUTERED OR SPAYED? _____
LAST HEAT CYCLE (FEMALE ONLY) _____
BREED _____
CANINE / FELINE / OTHER _____
COLOR _____

MEDICAL HISTORY:

Has your pet had any previous medical or surgical problems? If yes, please explain

Has your pet ever had an allergic reaction to a medication? _____

Has your pet ever had a reaction to a vaccine? _____

Is your pet on any medication? If yes, please list: _____

Does your pet stay inside or outside? _____

What do you feed your pet? _____

Who is your pet's previous veterinarian? _____

May we contact them for medical information if needed? _____

VACCINE HISTORY:

Please enter date of last vaccine:

Dogs:

Distemper / Parvo virus _____ Rabies _____

Bordetella (Kennel cough) _____

Heartworm Test _____ Stool check _____

Cats:

Distemper _____ Rabies _____ Leukemia Vaccine _____

Leukemia Test _____ Stool check _____

NEW PUPPIES/KITTENS:

Where did your pet come from? (Circle one)

Pet Store

Private Home

Breeder

Stray

Humane Society