

PET INFORMATION

PET'S NAME \_\_\_\_\_

BIRTH DATE OR AGE \_\_\_\_\_

CANINE / FELINE / OTHER \_\_\_\_\_

BREED \_\_\_\_\_

SEX \_\_\_\_\_ NEUTERED OR SPAYED? \_\_\_\_\_

LAST HEAT CYCLE (FEMALE ONLY) \_\_\_\_\_

COLOR \_\_\_\_\_

MEDICAL HISTORY:

Who is your pet's previous veterinarian? \_\_\_\_\_

May we contact them for medical information if needed? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

What kind of food does your pet eat? \_\_\_\_\_

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

Has your pet ever had a reaction to a vaccine? \_\_\_\_\_

Is your pet currently on any medication? \_\_\_\_\_

NEW PUPPIES/KITTENS:

Where did your pet come from? (Circle one)

Pet Store

Private Home

Breeder

Stray

Humane Society