

Pet Information

Pet's Name _____ Dog Cat Other _____

Age/Birthdate _____ Sex Male Female Breed _____

Color _____ Neutered/Spayed Yes No At what age? _____

What age was the pet obtained? _____ months/years Where was the pet obtained? _____

For what purpose was this pet obtained? Companionship Protection Breeding Show Other _____

Diet (kind of pet food/how often fed) _____

Current Medications _____

Pet's History (check all items your pet has received)

Distemper Rabies Feline Leukemia Test (cat) Parvovirus FVRCP (cat) Dentistry

Microchip # _____ Prior Surgery _____

Prior Illness _____

Reason(s) for pet's visit today _____

Did you bring previous health records? No Yes Previous care provider's name _____

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