

PET INFORMATION

Pet's Name _____ Sex: Female/Spayed Male/Neutered Date of Birth _____

Canine/Feline _____ Breed _____ Color _____

Name of former veterinary facility (where were previous vaccines given)?
_____ Date _____

Is your pet: Indoor only/Outdoor only/Both?

Name of flea and/or tick prevention : _____

Is you pet currently on heartworm prevention? Y / N What type (Interceptor or Heartgard?)

Has your cat been tested for Feline Leukemia/AIDS? Y / N Test Results? _____

Does your pet have a microchip? Y / N If yes, brand and ID number _____

Please list any known major medical problems or allergies?

Does your pet have any idiosyncrasies we need to know? i.e., bites, scratches, fear of white coats, responds to more/less restraint, more calm with or without owner?

PET INFORMATION (additional pets)

Pet's Name _____ Sex: Female/Spayed Male/Neutered Date of Birth _____

Canine/Feline _____ Breed _____ Color _____

Name of former veterinary facility (where were previous vaccines given)?
_____ Date _____

Is your pet: Indoor only/Outdoor only/Both?

Name of flea and/or tick prevention : _____

Is you pet currently on heartworm prevention? Y / N What type (Interceptor or Heartgard?)

Has your cat been tested for Feline Leukemia/AIDS? Y / N Test Results? _____

Does your pet have a microchip? Y / N If yes, brand and ID number _____

Please list any known major medical problems or allergies?

Does your pet have any idiosyncrasies we need to know? i.e., bites, scratches, fear of white coats, responds to more/less restraint, more calm with or without owner?
