



PET INFORMATION

Pet's Name: _____

Breed: _____

Color: _____

Birth Date: (if known) _____

Age: _____

Sex (circle one) Male Female

Spayed/Neutered (fixed) Yes No

Special Identification (tattoo, Microchip, etc.) _____

Date of Last: Rabies _____ Fecal _____ Heartworm Test _____

Canine: Distemper _____ Parvo _____ Lepto _____

 Kennel Cough _____ Lyme _____ Dog Flu _____

Feline: Distemper (FVRCP) _____ Leukemia Vac. _____

 Leukemia/AIDS Test _____

Is your pet on any medication or supplements? YES NO If YES, please list the medication or supplement and the dose: _____

What type of Heartworm and Flea/Tick preventative do you give your pet? _____

Does your pet have any allergies or drug reactions? YES NO If YES, please list the allergies and reactions: _____

Are there any current or past medical conditions and/or surgeries of which we should be aware?

YES NO If YES, please comment on the condition or surgery and indicate if they are current

or past _____
