



PATIENT INFORMATION

Client Name: _____ **Date:** _____

Home Phone # _____ Work Phone # _____

Other Phone # _____

In case of **EMERGENCY**, please call _____ at telephone # _____

Pet's Name: _____ **Age/Birthdate:** _____

Dog Cat Breed: _____ Color: _____

Male Female Spayed/Neutered Yes No At what age? _____

My pet has a Microchip I have Pet Insurance for this pet. Company: _____

Where did you obtain this pet? Friend Breeder Pet Shop Humane Society
 Other _____

At what age was this pet obtained? _____ mo's/yrs.

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

Diet (kind of pet food) you feed: _____

Vaccine History: DHPP (Distemper Parvo - Dog) Corona (Dog) Lyme's (Dog)

Date: _____ Date: _____ Date: _____

Bordetella (Kennel Cough - Dog) Rabies (Dog)

Date: _____ Date: _____

FVRCP (Upper Respir. - Cat) FeLV (Leukemia - Cat) Rabies (Cat)

Date: _____ Date: _____ Date: _____

Prior Medical History:

Previous Veterinary Hospital(s): _____

Surgery / Dentistry: _____

Illness(s): _____

Ongoing Problems: _____

Medications Currently Taking: _____