

Your Name: \_\_\_\_\_

## Pet Information

	Pet 1	Pet 2	Pet 3
<b>Your Pet's Name</b>			
Reason for today's visit			
Animal type	Cat Dog	Cat Dog	Cat Dog
Breed (if known)			
Sex	Male Female	Male Female	Male Female
Spayed or Neutered now	Yes No	Yes No	Yes No
Date of Birth/Age			
Color/Marking			

Do you use the following products?  Flea/Tick Protection  Heartworm Prevention

## Vaccination History

Please enter date of last test (if known)			
Distemper Combo (DHLPP)			
Parvo Virus			
Kennel Cough (Bordatella)			
Rabies			
Fecal Check			
Heartworm Test			
Feline Distemper and Resp.			
Feline Leukemia/AIDS Test			
Feline Leukemia/AIDS Vaccine			

May we contact your previous veterinarian to obtain previous treatment records?  Yes  No

## Other Information

Dentistry/Cleaning (date)			
Known Allergies (drug, flea, food, etc)			
Special Diet? What Type?			
Prior Illnesses or Surgeries			
Describe Your Pet's Personality			

List Current Medications (name, dose, & frequency if known)

Pet 1: \_\_\_\_\_ Pet 2: \_\_\_\_\_ Pet 3: \_\_\_\_\_

If you would like us to have your pet(s) records please contact your previous vet and have them fax the information to us. We will gladly give you a card with the fax number on it. This information will help us better understand your pet(s) health history.