

New Pet Information

Pet's Name _____ Canine ____ Feline ____ Other _____

Male ____ (Neutered ____) Female ____ (Spayed ____) Date of Birth _____

Breed _____ Color/Markings _____

Microchip # (if applicable) _____

Vaccination History:

Please indicate the date (month/year) your pet has received the following vaccinations:

Rabies _____ Distemper/Parvo _____ Bordetella _____

Feline Distemper _____ Feline Leukemia _____ FeLV/FIV test _____

Fecal Exam _____ Heartworm Test _____

Additional Information:

Brand of food pet is given (dry or canned) _____

Treats _____ People Food _____

Is your pet on heartworm preventative? Yes or No

If yes, which brand? _____

Is your pet on any flea/tick preventatives? Yes or No

If yes, which brand? _____

Date of your pet's last dental cleaning? _____

Please list any other medications your pet is taking:

Other important medical history:

If previous medical records, name of hospital where they can be obtained?

PLEASE FILL OUT A SEPARATE FORM FOR EACH PET