



PATIENT INFORMATION

CLIENT ID #

Pet's Name (nickname)_____

Species: **DOG** **CAT** Breed _____

Color (specific markings)_____

Date of Birth (approximately if unknown)_____

Sex: **MALE** **FEMALE** Spayed/Neutered: **YES** **NO**

Microchipped: **YES** **NO** Microchip # _____

LIFESTYLE

Diet _____

How much and how often do you feed your pet? _____

Does your pet have any food intolerances/allergies? If yes, please describe:

Does your pet have contact with other animals? (e.g. dog parks, kennels, etc) _____

Does your pet live indoor, outdoor, or both? _____

Does your pet travel with you often? _____

MEDICAL HISTORY

Please provide our receptionist with copies of your pet's most current medical records and your previous veterinarian's contact information.

Are you pet's vaccinations up to date? _____

When were they given? _____

Does your pet have any drug or vaccine allergies? _____

Please list any existing medical conditions: _____

Is your pet currently on any medications? _____
