



PATIENT INFORMATION

CLIENT ID # _____

Pet's Name _____

Species DOG CAT

Breed (e.g. Labrador Retriever or Domestic Shorthair) _____

Color (specific markings) _____

Date of Birth (approximate age if date unknown) _____

Sex MALE FEMALE

Spayed/Neutered YES NO

Microchipped YES NO Microchip # _____

LIFESTYLE

Diet (Brand of pet food, treats, human food given, etc.) _____

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? (dog parks, kennels, etc.) _____

Does your pet live indoors, outdoors, 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 your pet's vaccinations up to date? YES NO

When/where 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? YES NO

If so, please list: _____