



PET INFORMATION

OWNER'S LAST NAME _____

PET'S NAME _____

SPECIES (circle one): DOG / CAT / OTHER _____

BREED _____

COLOR/MARKINGS _____

DATE OF BIRTH or APPROXIMATE AGE _____

SEX (circle one): MALE / FEMALE

IS YOUR PET NEUTERED OR SPAYED? (circle one): YES / NO

CATS ONLY: DOES YOUR CAT GO OUTSIDE? (circle one): YES / NO

MEDICAL HISTORY

Does your pet have any preexisting medical conditions, behavioral issues or special needs? _____

Is your pet currently taking any medications, including heartworm and flea prevention? (please specify drug name, dose and frequency) _____

Is your pet allergic to any medications, vaccines, or foods? (please specify) _____

Has your pet ever had any problems with anesthesia or surgery? _____
