

PET INFORMATION

OWNER'S 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? YES NO

CATS ONLY: DOES YOUR CAT GO OUTSIDE? 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? (specify drug name, dose and frequency)

IS YOUR PET ALLERGIC TO ANY MEDICATIONS, FOOD OR VACCINES? (specify)

HAS YOUR PET EVER HAD ANY PROBLEMS WITH ANESTHESIA OR SURGERY?
