



Pet's Name: _____ Species: _____ Breed: _____

Birthday: _____ Sex: Male Neutered Female Spayed Color(s): _____

Microchipped: Yes No Unsure Tattoos/Markings: _____

Reason For Today's Visit?: _____

Previous Veterinary Clinic: _____ Phone Number: _____

History

Previous Illness: _____

Chronic Illness: _____

Previous Surgeries: _____

Any Known Allergies to: Medications _____ Food: _____

Vaccines _____ Other: _____

Is your pet on any Heartworm Preventative? Yes No If yes, What Kind?: _____ Last Given?: _____

Is your pet on any Flea Preventative? Yes No If yes, What Kind?: _____ Last Given?: _____

Is your pet currently on any medications including supplements? Yes No If yes, Please Specify: _____

What type of food is offered to your pet? _____

How much of the food offered is actually consumed by your pet?: _____

Is your pet offered table scraps or human food? Yes No

Does your pet drink water from a bowl or a bottle

Where did you get your pet from? Pet Store Convention Humane Society/Shelter Breeder Friend

Other, Please Specify: _____

Are there any other pets in your home? Yes No If yes, Do they interact with each other/bonded pair? Yes No

Does your pet live in an enclosed area or do they free roam? _____

If your pet lives in an enclosed area, please describe type and size: _____

Does your pet live on fleece or paper bedding such as Care Fresh?: _____

How often does the bedding/fleece get changed?: _____

Is your pet litter box trained? Yes No If yes, What type of litter is used?: _____