

Patient Information Sheet



Animal Information

Date: _____

Pet's Name: _____ Owner Last Name _____

Species: _____ Breed: _____

DOB/ or apprx. age: _____ Gender: M F Neutered: Y N Color: _____

Microchip number: _____ Diet: _____

Dates of last vaccinations:

Dogs: Rabies _____ DHPP _____ Bordetella (Kennel Cough) _____

Cats: Rabies _____ FVRCP _____ FELV _____ FIV/FELV TEST _____

Does your pet receive heartworm preventative? yes no

Has your pet ever been tested for heartworm disease? yes (Date _____) no

Is your cat indoor/outdoor? _____

How/where did you acquire this pet?

Breeder Humane Society Rescue Group Other _____

Pet's original location: _____

Does your pet have any chronic medical conditions (i.e. allergies, vaccine reactions, immune mediated disease, on long term medication?). yes no If yes, please describe: _____

Does your pet have any behavioral issues? yes no If yes, please describe: _____
