

TELL US ABOUT YOUR PET

PET NAME _____

SPECIES _____

BREED _____

D.O.B. _____

MALE

FEMALE

SPAYED / NEUTERED

MICROCHIP

TATTOO

COLOR / MARKINGS _____

PET INSURANCE

INSURANCE CO. _____

POLICY# _____

PET HISTORY

DESCRIBE / DATE

ALLERGIES

PREVIOUS MEDICAL PROBLEM

CURRENTLY ON MEDICATION

PREVIOUS MEDICATION

BEHAVIOR PROBLEM

LIVED / TRAVELED OUT OF AREA

BOARDED IN PAST 6 MONTHS

OTHER HOUSEHOLD PETS

EXPOSED TO OTHER ANIMALS

DIET

WET

DRY AMOUNT _____

AM

PM

DATE OF LAST RABIES VACCINE _____

PROOF OF RABIES

YES NO

DISTEMPER _____ HEARTWORM TEST

BORDETELLA

LYME

FELINE LEUKEMIA / FELINE AIDS TEST

FELV / FIV VACCINE _____

HEARTWORM PREVENTION _____

FLEA / TICK PREVENTION

SPENDS MAJORITY OF TIME:

INDOORS

OUTDOORS

PET ORIGIN: ANIMAL SHELTER PET SHOP BREEDER PRIVATE OWNER STRAY