



# PATIENT INFORMATION

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Other Phone # \_\_\_\_\_

In case of **EMERGENCY**, please call \_\_\_\_\_ at telephone # \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Age/Birthdate:** \_\_\_\_\_

Dog  Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered  Yes  No At what age? \_\_\_\_\_

My pet has a Microchip  I have Pet Insurance for this pet. Company: \_\_\_\_\_

Where did you obtain this pet?  Friend  Breeder  Pet Shop  Humane Society

Other \_\_\_\_\_

At what age was this pet obtained? \_\_\_\_\_ mo's/yrs.

For what purpose was this pet obtained?  Companionship  Protection  Breeding  Show

Other \_\_\_\_\_

Diet (kind of pet food) you feed: \_\_\_\_\_

**Vaccine History:**  DHPP (Distemper Parvo - Dog)  Lepto (Dog)  Lyme's (Dog)

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Bordetella (Kennel Cough - Dog)  Rabies (Dog)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

FVRCP (Upper Respir. - Cat)  FeLV (Leukemia - Cat)  Rabies (Cat)

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Prior Medical History:

Previous Veterinary Hospital(s): \_\_\_\_\_

Surgery / Dentistry: \_\_\_\_\_

Illness(s): \_\_\_\_\_

Ongoing Problems: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_