



PATIENT INFORMATION

Client Name: _____ Date: _____

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 Shelter Other

Name of Breeder, Shelter, Rescue Group: _____

Has your pet lived outside of Seattle or Washington state? If so, where? _____

Diet (brand of pet food) you feed: _____

Vaccine History: please indicate which vaccines your pet has had in the last year. **Check here if you don't know**

Dog: DHPP (Distemper Parvo) Lepto Rabies Bordetella (Kennel Cough)

Lyme's K9 Influenza – Single or Bivalent

Feline: FVRCP (Upper Respiratory) FeLV (Leukemia) Rabies

WE ARE A FEAR FREE and CAT FRIENDLY CERTIFIED HOSPITAL: in order to help you and your pet best, please let us know about any special needs or precautions: Special handling. Describe _____

Is nervous or anxious Needs a muzzle Will bite Aggressive towards other animals or people None

Prior Medical History:

Previous Veterinary Hospital(s) Name, City and phone number	
Ongoing Health Problems:	
Current medications and/or OTC products your pet is taking:	