



Pet Information Form

Client's Name _____ Pet's Name _____ Pet's Age/DOB _____

Species & Breed _____ Color _____

This information to help us provide the appropriate health care plan for your pet. **Please complete entire form.**

How long have you had your pet? _____

Has your pet been Spayed or Neutered? Yes [] No []

How many pets are in your home? Dogs _____ Cats _____

When was your pet last seen by a Veterinarian? _____

Has your pet been vaccinated within the last year for :

Dogs: Distemper [] Parvo [] Bordetella [] Rabies [] Flu Vaccine []

Cats: Feline Distemper [] Feline Leukemia [] Rabies [] (Outside Only)

Do you have vaccine records? Yes [] No []

Do you take your pet to the Park? Yes [] No []

Do you take your pet to the Groomer? Yes [] No []

Do you Board your pet or use Daycare? Yes [] No []

Does your pet's appetite appear normal Yes [] No []

Does your pet's water intake appear normal? Yes [] No []

Any difficulty with urinating or defecating? Yes [] No []

Coughing, sneezing or gagging? Yes [] No []

Excessive scratching or licking? Yes [] No []

Scotting? Yes [] No []

Is your pet currently taking any medications? Yes [] No []

If Yes, please advise what medications and how often: _____

Is your pet currently on a Flea Preventative? Yes [] No []

If yes, which product and how often: _____

Is your pet currently on a Heartworm Preventative? Yes [] No []

If yes, which product and how often: _____

What do you feed your pet? Brand: _____ Dry [] Wet/Canned []

Does your pet receive treats or table food? Yes [] No []

If Yes, please explain what and how often: _____

Is your pet having any specific issues that concern you? Yes [] No []

If Yes, please explain: _____

Owner Signature _____

Date _____