



VINEYARD VETERINARY HOSPITAL
EXCLUSIVELY DEDICATED TO DOGS AND CATS

PET INFORMATION

Pet's Name: _____ Owner's First and Last Name: _____

DOG CAT Breed: _____ Age or Date of Birth: _____

MALE FEMALE Spayed/Neutered- Y/N _____ Color: _____

How long have you had your pet? _____ How many pets are in your home? Dogs _____ Cats _____

Do you take your pet to the park, groomer, or daycare? Yes No

Does your pet's appetite and water intake appear normal? Yes No

Any difficulty with urinating, defecating or scooting? Yes No If yes, explain _____

Coughing, sneezing, or gagging? Yes No

Excessive scratching or licking? Yes No

Is your pet currently on any medication, including flea and heartworm prevention? Yes No

If yes, what medication(s) and how often:

What food do you feed your pet (brand and type)? _____

Does your pet receive treats or table food? Yes No If yes, explain what and how often:

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

If yes, explain: _____

Please complete if you do not have previous medical records for your pet

Previous veterinary hospital name: _____ Phone Number: _____

When was your pet last seen by a veterinarian? _____

Has your pet been vaccinated within the last year for any of the following? Check all that apply.

Dogs: Distemper/Parvo Bordetella Rabies Flu Vaccine

Cats: Feline Distemper Leukemia Rabies

Signature of Owner/Agent: _____

Date: ____/____/____