



Patient Information

Client's Name: _____ Spouse: _____
Last First Last First
Pet's Name: _____ Dog[] Cat[] Breed: _____
Sex M[] F[] Color: _____ Date of Birth: _____
Spayed/Neutered Yes[] No[] Month/Year Altered: _____

Vaccination History

(indicate the date (month/year) your pet received the following core vaccinations)

DOG
Distemper/Hepatitis _____ Parvo _____ Bordetella _____ Rabies _____
CAT
FVRCP _____ Leukemia _____ Rabies _____

Medical Records: _____
(Name of Hospital(s) where they can be obtained)

Is your pet: []Indoors only []Outdoors only []Both
Is your pet a working breed? _____ Hunting[] Herding[]
Brand of food currently feeding: _____ []Dry []Canned
Are table scraps given? []Yes []No What types of treats? _____
What do you use for flea control? _____ How often? _____
On heartworm preventative? _____ Product used _____ How often? _____
On other monthly parasite control? _____ Product used? _____
Do you travel with your pet? _____ Do you board or groom your pet? _____

Check One:

- (1)___ I feel that my pet is another member of our family.
- (2)___ I feel that my pet is just a pet.

- (1)___ I want the best medical care available for my pet. Please recommend anything that you feel is necessary for good health.
- (2)___ I want good medical care for my pet, but there is a limit to what I am able to have done.
- (3)___ I want you to perform only the services that I request.

- (1)___ I want to learn as much as I can about pet health can you explain in detail what has been done for my pet or what is needed.
- (2)___ I would prefer you just summarize what has been done for my pet or what is needed.

- (1)___ I prefer to be present when my pet is examined and treated.
- (2)___ I would rather not see my pet examined and treated.