



Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form. Thank You!

Owner's Name _____ Spouse _____
 Address _____ City _____
 State _____ Zip code _____ Drivers License# _____
 Home Phone _____ Work/Cell Phone _____
 Email Address _____

Pet Health History

Pet's Name _____ Date of Birth _____

Type of Animal Dog Cat Other

Sex of Animal Male Neutered Female Spayed

Breed _____ Color _____ Weight _____

Current Medications _____

Describe your pet's Diet _____

Is your pet allergic to any food, medication, or treatment? yes no

What heartworm prevention is your pet on? _____

What flea control is used? _____

Vaccination History (Date of Vaccine) _____

Please check symptoms/problems that you have noticed about your pet:

- Bad Breath Vomiting Behavior Problems
- Bad Appetite Bleeding Gums Weakness
- Limping Weight Problem Loss of Balance
- Scooting Scratching Breathing Problems
- Shaking Head Sneezing

Diarrhea

Discharge Thirst and/or Urination has increased

Other _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical and/or medical treatment.

Signature_____ Date_____

