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.

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