

HAS YOUR PET BEEN TO A VETERINARIAN BEFORE? YES _____ NO _____ IF SO, WHICH _____
 IS YOUR PET CURRENTLY RECEIVING TREATMENT? YES _____ NO _____ IF SO, FOR WHAT _____
 HAS YOUR PET HAD ANY SERIOUS ILLNESS OR INJURY? YES _____ NO _____ IF SO, EXPLAIN _____
 IS YOUR PET ON ANY PREVENTATIVE MEDICATIONS OR DIETS? YES _____ NO _____ IF SO, WHAT _____
 IS YOUR PET ON ANY OTHER MEDICATIONS OR DIETS? YES _____ NO _____ IF SO, WHAT _____
 HAS YOUR PET EVER HAD A VACCINE REACTION BEFORE? YES _____ NO _____ IF SO, EXPLAIN _____
 ... HAD REACTION TO A MEDICATION BEFORE? YES _____ NO _____ IF SO, EXPLAIN _____

(DOG OWNERS) ARE YOU FAMILIAR WITH HEARTWORM DISEASE? YES _____ NO _____
 HAS YOUR DOG BEEN TESTED FOR HEARTWORMS? YES _____ NO _____ IF SO, WHEN _____

(CAT OWNERS) HAS YOUR CAT BEEN TESTED FOR LEUKEMIA AND/OR FIV? YES _____ NO _____ RESULTS _____
 ARE YOU FAMILIAR WITH FELINE UROLOGIC SYNDROME (CYSTITIS, BLOCKED TOM)? YES _____ NO _____

SPECIAL NOTES/COMMENTS

INFORMATION: (OFFICE USE)

Fold Here

OWNER'S NAME _____
LAST FIRST SPOUSE
 ADDRESS _____ APT # _____
 CITY _____ STATE _____ ZIP _____
 HOME # _____
AREA CODE PHONE NUMBER
 CELL/WORK # _____
AREA CODE PHONE NUMBER
 CELL/WORK # _____
AREA CODE PHONE NUMBER
 E-MAIL _____

PET'S NAME _____
 CAT _____ DOG _____ OTHER _____
 BREED _____ COLOR _____
 SEX: (Fe) (NEUTERED) (M) AGE _____
 BIRTH DATE (APPROX.) _____
 MICROCHIP # _____
 PHOTO RELEASE FOR CLINIC USE : (YES) (NO)

WERE YOU REFERRED TO US? YES _____ NO _____ IF SO, BY WHOM? _____

IF NOT, WHY DID YOU CHOOSE US? AD _____ INTERNET _____ VISIBLE LOCATION _____ OTHER _____

PET OBTAINED FROM? _____ BREEDER _____ PET SHOP _____ NEIGHBOR _____ SHELTER _____ STRAY _____

HAS YOUR PET BEEN VACCINATED? YES _____ NO _____ IF SO, WHEN _____ FOR WHAT _____

HAS YOUR PET BEEN SPAYED OR NEUTERED? YES _____ NO _____ IF SO, WHEN _____

IF NOT, HAVE YOU CONSIDERED HAVING YOUR PET SPAYED OR NEUTERED? _____

WHAT IS YOUR PET'S DIET? DRY _____ CANNED _____ SEMI MOIST _____ OTHER _____

DOES YOUR PET EAT PEOPLE FOOD? YES _____ NO _____ IF SO, WHAT _____

DOES YOUR PET HAVE BEHAVIOR PROBLEMS? YES _____ NO _____ IF SO, CHECK BELOW:

HOUSEBREAKING _____ BITING _____ OBEDIENCE _____ DIGGING _____ AGGRESSIVE _____ OTHER _____