



New Pet Information

Pet's Name: _____ Sex: _____ Male _____ Female _____ Unknown

DOB: (or your best guess) _____ Is your pet spayed/neutered? _____ Yes _____ No

Species: _____ Breed: _____ Color: _____

Please indicate dates of last vaccines or tests: (You may approximate the time of year with Spring, Summer, etc.)

Canine Distemper/Parvo: _____ Feline FVRCP: _____

Canine Corona: _____ Feline Leukemia: _____

Canine Rabies: _____ Feline Rabies: _____

Canine Bordetella: _____ FeLV/FIV Test: _____

Heartworm Test: _____ Other Feline: _____

How long have you had your pet? _____

Does your pet have any known allergies? _____ Yes _____ No

If so, please list: _____

What type of food does your pet eat? _____ Wet _____ Dry _____ Table Food _____ Treats

What brand of food does your pet eat? _____

Is your pet currently on any type of Flea Control? _____ If so, what brand? _____

Do you take your pet to a professional groomer? _____ If so, which one? _____

Is your pet currently on any type of Heartworm Preventative? _____ If so, what brand? _____

Do you board your pet? _____ If so, which boarding facility do you use? _____

Typically, your pet's mannerisms are: _____ Friendly _____ Shy _____ May Bite _____ Other: _____

Has your pet had any major accidents/illnesses in their life? If so, please list: _____

Does your pet have a microchip? If so, please list: Brand: _____ ID #: _____

Is your pet currently on any medication? If so, please list: _____