

PET INFORMATION

Pet's Name _____ Sex: Female/Spayed Male/Neutered Unsure Date of Birth _____

Canine/Feline/Other _____ Breed _____ Color _____

Where were most recent vaccines given: _____ Date _____

Is your pet: Indoor only/Outdoor only/Both? What type of flea and/or tick prevention: _____

Is your pet currently on heartworm prevention? Y / N What type? Interceptor/Sentinel/Heartgard

Has your cat been tested for Feline Leukemia? Y / N Feline Aids? Y / N Any Positive Results? _____

Does your pet have a tattoo or microchip? Y / N If yes, which and ID number _____

Any known medical problems or allergies? _____

Does your pet have any idiosyncrasies we need to know? i.e., bites, scratches, fear of white coats, responds to more/less restraint, more calm with or without owner?

PET INFORMATION (additional pets)

Pet's Name _____ Sex: Female/Spayed Male/Neutered Unsure Date of Birth _____

Canine/Feline/Other _____ Breed _____ Color _____

Where were most recent vaccines given: _____ Date _____

Is your pet: Indoor only/outdoor only/Both? What type of flea and/or tick prevention: _____

Is your pet currently on heartworm prevention? Y / N What type? Interceptor/Sentinel/Heartgard

Has your cat been tested for Feline Leukemia? Y / N Feline Aids? Y / N Any Positive Results? _____

Does your pet have a tattoo or microchip? Y / N If yes, which and ID number _____

Any known medical problems or allergies? _____

Does your pet have any idiosyncrasies we need to know? i.e., bites, scratches, fear of white coats, responds better to more/less restraint, more calm with or without owner?