

Pet's Name _____

Sex: Male Male(neutered) Female Female(spayed)

Age _____ Breed _____

Color _____

Dog Cat Other _____

When was your pet last vaccinated? _____

Have you medicated your pet recently?(including over-the-counter drugs)
Yes No

If yes, state medications _____

Has your pet been tested for heartworms? Yes No

If yes, when? _____

Any prior illness or injury we should know about? Yes No

If yes, what & when? _____

Do you have your pet groomed? Yes No

Is your pet boarded at times? Yes No

May we inform you of longevity issues such as regular dental care and special diets?
Yes No

Do you use your pet for hunting, sporting or camping? Yes No

On average, how many hours a week is your pet outdoors? _____

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