

New Pet Form

Name of Owner: _____ Acct#: _____

Name of Pet: _____

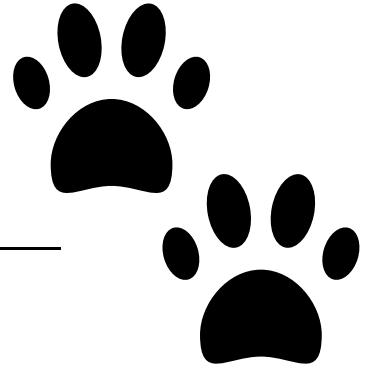
Cat: _____ Dog: _____ Other: _____

Sex: Male _____ Male Neutered _____

Female _____ Female Spayed _____

Birthday: Mo: _____ Day: _____ Yr: _____ Age: _____

Breed: _____ Color: _____



Have you had any pets here before? Yes or No (circle one)

How do you view your pet(s) in terms of overall health concerns/issues:

_____ As a family member (concerned about all health issues/recommendations)

_____ As a pet (not concerned about all preventative and wellness health issues)

Where did you get your pet? _____

How long have you owned your pet? _____

Do you plan to breed your pet? Yes or No (circle one)

What brand of food does your pet eat? _____

We offer boarding, Will you ever have the need to board your pet? Yes or No (circle one)

Is your pet on a preventative program for controlling fleas and ticks? Yes or No (circle one)

Is your pet on a preventative program for controlling Internal parasites such as heartworm, hookworm, etc?

Yes or No (circle one)

Where does your pet sleep? _____

Has your pet been microchipped or tattooed? Yes or No (circle one)

If yes, Which program and ID # _____

Has your pet ever had dental care? (either prophylaxis or home dental care) Yes or No (circle one)

Do you understand the health benefits of regular dental cleaning for your pet? Yes or No (circle one)

What prior illness or health issues has your pet had? _____

Does your pet have any drug allergies? _____

Did you bring any previous medical records for this pet from another veterinarian?

Yes or No (circle one)

Does your pet have any vaccines? If so, what were they, when did they receive them, and where did they receive them from? _____
