

Patient Information

Name : _____

Species: _____ Breed: _____

Age/birthdate: _____ Color/Markings: _____

Sex: Male Female

Spayed/Neutered? Yes No

Medical history

Dog	date of care	Cat	date of care
Rabies vaccination	_____	Rabies vaccination	_____
DHPP vaccination	_____	FVRCP vaccination	_____
Heartworm test	_____	FIV/FelV test	_____
Fecal	_____	Fecal	_____

Previous surgeries/medical problems: _____

Is your pet on heartworm prevention? Yes No Date last given/applied: _____
If yes, please list _____

Is your pet on flea and/or tick prevention? Yes No Date last given/applied: _____
If yes, please list _____

Please list all medications and supplements, including dosages, that your pet is on: _____

Previous veterinarian's name and city/state: _____
(They may be contacted for records.)

I hereby authorize the veterinarian to examine, prescribe, and treat the above described pet.

Printed name: _____ Date: _____

Signature of owner/agent: _____