



PET INFORMATION

PLEASE FILL OUT AS MUCH AS YOU KNOW

CIRCLE ONE: DOG CAT RABBIT RODENT OTHER: _____

NAME OF PET _____ BIRTHDATE OR APPROX AGE _____

BREED _____ COLOR/MARKINGS _____

SEX: MALE / FEMALE NEUTERED/SPAYED? Y / N

LAST VACCINATIONS:

PLEASE WRITE THE DATE IT WAS *RECEIVED*

CANINE DISTEMPER, HEPATITIS, PARA INFLUENZA, PARVO, CORONA (DHLPP): _____

CANINE BORDATELLA (KENNEL COUGH): _____ INJECTION OR DROPS IN NOSE

CANINE OR FELINE RABIES: _____ WAS THIS THEIR FIRST RABIES VACC.? YES/NO

FELINE RHINOTRACHEITIS, CALICI, PANLEUKOPENIA (FVRCP OR "CAT FEVER"): _____

FELINE LEUKEMIA (FELV): _____

PATIENT HISTORY AND LIFESTYLE:

PET'S EXPOSURE TO UNVACCINATED ANIMALS... NONE SOME HIGH

LAST INJURIES (PLEASE SPECIFY DATE): _____

KNOWN ALLERGIES AND/OR DRUG SENSITIVITIES: _____

CURRENTLY USING SKIN/COAT CARE PRODUCTS: YES/NO _____

IF YES - PLEASE LIST

CURRENT DIET AND SUPPLEMENTS (HOW MUCH AND HOW OFTEN):

WHERE AND WHEN DID YOU ACQUIRE YOUR PET?

OTHER LOCATIONS YOUR PET STAYS OR VISITS BESIDES YOUR RESIDENCE:

OTHER ANIMALS THAT OFTEN ASSOCIATE WITH YOUR PET:



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THANK YOU!