

Community Pet Health Center: Additional Pet Information Form

Pet Information

(Please use additional pet form for each pet we are seeing)

Pet's Name _____

Birth Date or Approx Age _____

Species _____ Breed _____ Color _____

Female Spayed? **YES NO**

Male Neutered? **YES NO**

Medical Conditions

(Allergies, drug reactions, heart conditions, overweight, etc.)

Vaccination History

(Indicate the date (month/year) your pet received the following vaccinations)

K9 Rabies _____ K9 Distemper/Parvo _____

Bordatella (Kennel Cough) _____ Rattlesnake _____

Other _____, Describe: _____

Heartworm Test _____

Feline Rabies _____ Feline Distemper _____

Feline Leukemia _____ Feline FIV _____

Other _____, Describe: _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? **YES NO**

Dental Care

Do you brush your pet's teeth? **YES NO**

Date of last professional dental cleaning? _____

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES NO If yes, Brand _____

Microchip Identification # _____

Medical Records

Name of hospital where they can be obtained