

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill out this form completely. Thank you.

PET HEALTH HISTORY

OWNER _____ NAME OF PET _____

DOG CAT OTHER
 MALE NEUTERED MALE
 FEMALE SPAYED FEMALE

DOES YOUR PET LIVE INDOOR OUTDOOR DOES YOUR PET TRAVEL? YES NO

BREED _____ COLOR _____

DATE OF BIRTH/AGE _____

VACCINATION HISTORY (TYPE AND DATE) _____

PREVIOUS ANIMAL HOSPITAL _____ CITY/STATE _____

REASON FOR VISIT _____

CURRENT MEDICATION (INCLUDING HEARTWORM AND FLEA/TICK PREVENTATIVE)

ALLERGIES (PET OR OWNER) _____

HAS YOUR PET EVER HAD ANY VACCINE REACTIONS?

AUTHORIZATION-PLEASE READ CAREFULLY

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that all charges are due the date of service and must be paid in full. I also understand that a deposit may be required for treatment.

OWNER'S SIGNATURE _____ DATE _____