

PET INFORMATION

	PET 1	PET 2	PET 3
NAME	_____	_____	_____
SPECIES (Cat, Dog, Other)	_____	_____	_____
BREED	_____	_____	_____
DESCRIPTION (Color)	_____	_____	_____
AGE (Years)	_____	_____	_____
DATE OF BIRTH	_____	_____	_____
LENGTH OF TIME OWNED	_____	_____	_____
SEX	_____	_____	_____
NEUTERED/SPAYED	_____	_____	_____
MICROCHIP NUMBER	_____	_____	_____
MEDICAL ALERT	_____	_____	_____
FOOD/DRUG ALLERGIES	_____	_____	_____
VITAMINS (Type)	_____	_____	_____
KIND OF PET FOOD (Brand/Dry, Canned or Packaged)	_____	_____	_____
KIND OF GROOMING PRODUCTS	_____	_____	_____
HOURS SPENT OUTSIDE PER DAY	_____	_____	_____
VACCINATIONS/CHECKUPS/TESTS	YES/NO (Date)	YES/NO (Date)	YES/NO (Date)
RABIES (Dog and Cat / 1,2 or 3 Year)	Y N _____	Y N _____	Y N _____
DHLP - Parvo (Distemper - Dog)	Y N _____	Y N _____	Y N _____
HEARTWORM TEST (Dog and Cat)	Y N _____	Y N _____	Y N _____
HEARTWORM PREVENTION (Dog or Cat)	Y N _____	Y N _____	Y N _____
BORDETELLA (Dog and Cat) Kennel Cough	Y N _____	Y N _____	Y N _____
CANINE INFLUENZA	Y N _____	Y N _____	Y N _____
FVRCP-P (INFECTIOUS DISEASES - CAT)	Y N _____	Y N _____	Y N _____
FELINE LEUKEMIA/FIV/HEARTWORM TEST	Y N _____	Y N _____	Y N _____
FELINE LEUKEMIA VACCINE	Y N _____	Y N _____	Y N _____
FECAL CHECK (Worms)	Y N _____	Y N _____	Y N _____
OTHER VACCINES (List)	Y N _____	Y N _____	Y N _____
DENTISTRY	Y N _____	Y N _____	Y N _____
PRIOR ILLNESS	Y N _____	Y N _____	Y N _____
PRIOR SURGERY	Y N _____	Y N _____	Y N _____

ORIGIN OF PET Humane Society Pet Store Newspaper or Craig's List Stray
 Rescue Group Which one? _____ friend Individual (non breeder)

Date _____ Client Signature _____