

Pet Information Form

Today's Date: _____

Owner's Name: _____

Pet's Name: _____ Sex: _____

Is pet spayed or neutered? Yes No

Birth Date (approx): _____ or Age: _____ (approx)

Breed: _____ Color: _____

Name of previous doctor/clinic: _____

Approx. date of last vaccinations (mo/yr): _____

Vaccinations received (please circle all appropriate):

Dogs: Rabies Distemper Parvo Corona Bordetella (Kennel cough)

Other _____

Cats: Rabies Distemper(FVRCP) Leukemia (FeLV) FIV FIP

Ferrets: Rabies Distemper

Is your pet on heartworm preventative? Yes No

What kind? Interceptor Sentinel Revolution Heartgard Other: _____

Date of last heartworm test(approx): _____ Date of last fecal exam: _____

Other important medical history (allergies, diseases, surgery, etc.): _____

Does your pet have a microchip? Yes No Number: _____

Other pets in household? Name: _____ Species: _____

Name: _____ Species: _____

Name: _____ Species: _____

Name: _____ Species: _____

We will not start records on these other animals from this list. It is simply to help us keep families of pets together. If you would like us to start medical records on your other pets please fill out a sheet on each. If you have the vaccination dates, we can remind you when they are due.

I do hereby give Creekside Animal Hospital permission to obtain copies of my pet's medical records.

_____ (Signature)

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