Welcome

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank you!

Pet Health History

Name of Pet: _____ ☐ Dog ☐ Cat

Breed: _____ Color: _____ Birthdate: _____

Is your pet: ☐ Male ☐ Female Is your pet spayed/neutered? _____

Previous Vet Records: _____

Pets Current Medications/Preventatives/Supplements:

_____

List Pet Food/Treats: _____

Any Allergies /Allergic Reactions/Diagnosed Conditions?:

_____

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

- ☐ Behavioral Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Bulging or Bloodshot
- ☐ Gagging
- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst and/or Urination Increase
- ☐ Vomiting
- ☐ Weakness
- ☐ Other: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____ Date: _____