

## New Patient information

Pet's name: \_\_\_\_\_ Species: (dog, cat, etc.) \_\_\_\_\_

Age: \_\_\_\_\_ Breed (if known): \_\_\_\_\_

Gender (circle one): Female Female/spayed Male Male/neutered

Color/Markings \_\_\_\_\_

### Medical History

Other than what we will be seeing your pet for, has your pet had any past major medical conditions, injuries, surgeries, etc., that we should know about? If so, please briefly explain below. Please include approximate dates of the diagnoses/treatments, and what veterinary hospital performed them:

Has your pet had any adverse reactions to medications or vaccinations? If so, please briefly explain below. Please include what drug/vaccination caused the reaction(s) and approximate dates they occurred:

### Vaccination History

Below please enter the date of the last time your pet received any of the vaccines below. *If you have any printed vaccination records, please bring them with you on your first visit.*

#### Dogs:

Date the last time vaccinated for:

Rabies: \_\_\_\_\_

DHPP (DA2PP): \_\_\_\_\_

DHLPP (DA2LPP): \_\_\_\_\_

Borrelia (Lyme): \_\_\_\_\_

Leptospirosis \_\_\_\_\_

Bordetella (Kennel cough) \_\_\_\_\_

#### Cats:

Date the of last time vaccinated for:

Rabies: \_\_\_\_\_ FVRCP: \_\_\_\_\_

Leukemia (FeLV): \_\_\_\_\_

FIV: \_\_\_\_\_

May we contact your previous veterinary office for past medical records?

Veterinary Hospital name: \_\_\_\_\_ Ph: \_\_\_\_\_