

New Patient information

Pet's name: _____ **Species:** (dog, cat, etc.) _____

Age: ___ Years ___ Months, **Breed:** (if known) _____

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

Medical History:

Please tell us about any ***past*** major medical conditions, injuries, or surgeries, etc. that your pet has experienced. If possible, include the approximate dates and what veterinary hospital provided the care:

Please list any medication and/or supplements your pet is taking. Include doses, and how often you give it:

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 (month/year) 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:

Dates of last vaccinations:

Rabies: _____

DHPP (DA2PP): _____

DHLPP (DA2LPP): _____

Lyme (Borrelia): _____

Leptospirosis _____

Bordetella _____

Cats:

Dates of last vaccinations:

Rabies: _____

FVRCP: _____

Leukemia (FeLV): _____

FIV: _____

Questions continue on the next page...

Preventative Healthcare:

What food are you currently feeding your pet?

Are you currently giving your pet a heartworm preventative medication? Yes/No.
If so, what is the name of the medication?

Are you currently using a flea control product on your pet? yes/no. If so, what is
the name of the product?

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

Veterinary Hospital name: _____ Ph: _____

If you haven't already done it, be sure you complete a

"New Client Information" form as well!