

# PET INFORMATION SHEET

**Pet Name:** \_\_\_\_\_

**Pet's Last Name:** \_\_\_\_\_

**Species** (please circle one): Canine/Dog

Feline/Cat

Other: \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Sex** (please circle one): Male-Neutered

Female-Spayed

Male-Not Neutered

Female-Not Spayed

**Coat Color:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Current Age:** \_\_\_\_\_

## Vaccine History

(Common **canine** vaccines: bordetella, leptospirosis, DHPP, DHLPP, rattlesnake)

(Common **feline** vaccines: FVRCP, feline leukemia)

Date of last Rabies vaccine: \_\_\_\_\_

Name of Vaccine: \_\_\_\_\_

Date last given: \_\_\_\_\_

Name of Vaccine: \_\_\_\_\_

Date last given: \_\_\_\_\_

Name of Vaccine: \_\_\_\_\_

Date last given: \_\_\_\_\_

Name of Vaccine: \_\_\_\_\_

Date last given: \_\_\_\_\_

**Pet Insurance Company:** \_\_\_\_\_

**Microchip number, tattoo, etc:** \_\_\_\_\_

## Any medical alerts we should be aware of immediately?

(Seizures, caution with humans or other animals, adverse reaction to certain drugs/medications, allergies, blind, deaf, etc):

\_\_\_\_\_  
\_\_\_\_\_

Were you referred to our hospital by a veterinarian?

Yes

No

What is the name of the veterinarian who referred you? \_\_\_\_\_

If so, what is the name and city of the hospital/clinic? \_\_\_\_\_

If you were NOT referred, is there a hospital/clinic we should send records to? \_\_\_\_\_

What is the name of the veterinarian who saw your pet most recently? \_\_\_\_\_

If you were NOT referred by a hospital/veterinarian, how did you hear about us?

Google/Search Engine

Facebook

Yelp.com

Yellowpages/Phonebook

Friend: \_\_\_\_\_

Other (website, drive by, event, etc): \_\_\_\_\_