



## PATIENT INFORMATION

**Pet's Name:** \_\_\_\_\_ **Species:**  Dog  Cat  Rabbit

Breed: \_\_\_\_\_  Male  Female Is your pet neutered or spayed?  Yes  No

Description (color and markings): \_\_\_\_\_

**Age or Date of Birth:** \_\_\_\_\_ Is your pet microchipped?  Yes  No

**Last vaccinations given and date(if known):** \_\_\_\_\_

Last fecal examination (if known): \_\_\_\_\_

Flea products used:  Frontline  Advantage  Comfortis  Revolution  Other \_\_\_\_\_

Pet food used: \_\_\_\_\_

If your pet is **FELINE:**

Does he/she go outdoors?  Yes  No

Has he/she ever been tested for feline leukemia and feline AIDS?  Yes  No

If your pet is **CANINE:**

When was his/her last heartworm test? \_\_\_\_\_

Is he/she currently taking a heartworm preventative?  Yes  No

Please list any previous illnesses or surgeries your pet has undergone:



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