

Katy Area Veterinary Medical Group

Patient Information Form

Name

Date of Birth

Or approx. Age

Breed

Color

- Male
 Neutered
 Unknown
 Female
 Spayed

How did you acquire this Pet?

- We own or breed one or both of the parents.
 Purchased from a breeder
 Purchased off the street, at a pet store, flea market, etc.
 Adopted from Shelter
 Found as stray or gifted.

Does the Pet have a microchip? Unknown No Yes If yes, what is the number?

Is the pet currently on Heartworm Preventative? Unknown No Yes If Yes, Which one?

Is the pet currently on Flea/Tick Preventative? Unknown No Yes If Yes, Which one?

Does the pet have any known or suspected seasonal or environmental Allergies? Unknown No Yes
If Yes, Please describe.

Is the pet current on vaccines? Unknown No Yes

Please list any Known Medication Allergies.

Has the pet ever had an allergic reaction to vaccines?
If so, please describe the allergic reaction.

Has the pet ever been treated for autoimmune disease?
If so, please explain.

Has the pet ever been treated for Cancer?
If so, please describe.

Any major medical problems or surgery?