



Patient Information Sheet

Date: _____ Client (Owner) Name: _____
Patient (Pet) Name: _____ Age or Birth Date: _____
Species (canine, feline, avian, etc.): _____ Breed: _____
Sex: Male Female Unknown Spayed/Neutered: Yes No
Color: _____ Distinguishing Marks: _____
Microchip: Yes No Microchip Number: _____
Does Your Pet Have Insurance: Yes No Company: _____ Policy #: _____
*Previous Veterinarian: _____ May We Call for Records? Yes No
Known Aggressive/Fearful Tendencies: _____
Known Medical Conditions: _____
Known Allergies: _____
Vaccine/Medical History (please give date of last vaccination, if applicable):
Canine DA(H)PP: _____ Lepto: _____ Bordatella: _____ Rabies: _____ Heartworm Test: _____
Feline FVRCP: _____ FeLV: _____ Rabies: _____ FeLV/FIV Test: _____
Other: _____



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