

PATIENT INFORMATION

CLIENT:	ID#
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PLEASE PROVIDE THE FOLLOWING INFORMATION:

PET'S NAME	BIRTH DATE (OR APPROX AGE)	
SPECIES (CIRCLE): DOG CAT BIRD FERRET OTHER_____		
MALE FEMALE NEUTERED (DATE OF SURGERY)_____		
BREED	COLOR	MARKINGS
REGISTRATION, MICROCHIP, AND/OR TATOO NUMBER (IF APPLICABLE)		
How long have you owned this pet?_____		
Where did you obtain him/her?_____		
What type of food are you feeding him/her?_____		
How much food is given at each meal and how often is he/she fed?_____		
Housing (circle) INDOOR ONLY INDOOR / OUTDOOR OUTDOOR ONLY		
List any medical or behavioral prolems and / or allergies (continue on back if needed):		
Date and location of last wellness exam (vaccinations, testing, etc.)_____		
DOGS – Is he / she currently taking heartworm preventive Y N Brand Name _____		
CATS – Has he / she been tested for feline leukemia? Y N		

Office use only:

LAB RESULTS
