PET INFORMATION

Pet's Name ___________   Canine/Feline   Date of Birth: _________   Sex: Female/Spayed  Male/Neutered

Breed ______________________   Color ______________________   Indoor/Outdoor/Both

Name of former veterinary facility (where can we obtain pet history)____________________

Preventatives currently used for pet __________________________________________________

Does your pet have a microchip?  Y / N  If yes, brand and ID number ______________________

Please list any known major medical problems, allergies, or idiosyncrasies we need to know about (i.e. bites, scratches, fear of white coats, more/less restraint best, better with/without owner)?

__________________________________________________________

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