



PET REGISTRATION

Owner's Name: _____ Today's Date: _____

Pet's Name: _____ Dog Cat Date of Birth: _____

Breed: _____ Color: _____ Microchipped? Yes No

Sex: Male Female Spayed/Neutered? Yes No

Have you had your pet since it was a puppy/kitten? Yes No

If not, how long have you had your pet? _____

Date of last: Rabies Vaccine _____ Stool Evaluation _____

Distemper Vaccine (Dogs: DAP, DHLPP, etc.; Cats: FVRCP) _____

Do you use flea and tick prevention for your pet? Yes No If yes, what kind? _____

FOR DOGS Do you give heartworm prevention? Yes No If yes, what kind? _____

If yes, do you give it: Seasonally Year-round

Date of last heartworm test: _____ Results: Negative Positive

FOR CATS Does your cat go outside unsupervised? Yes No

If yes, has your cat been tested for feline leukemia (FeLV) and/or feline AIDS (FIV)? Yes No

Date of last FeLV/FIV test: _____ Results: Negative Positive

Why is your pet here today? _____

Please list any medications and dosages you are currently giving your pet and for what reason / condition: (if none, write "none"): _____

Please list any nutritional supplements (vitamins, glucosamine, etc.) and dosages (if none, write "none"): _____

Is your pet allergic to medications? No Yes - Please list: _____

What do you feed your pet? Dry - Brand/amount _____ Times per day: _____

Canned - Brand/amount _____ Times per day: _____

Please list any treats you give and how often: _____

Please list any table food you give and how often: _____

Please describe any important facts about your pet's medical history (include illnesses, injuries, surgeries, etc.):

