

## Pet Information

Pet's Name: \_\_\_\_\_ · Dog · Cat · Other \_\_\_\_\_

Sex: · M · F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Neutered/Spayed: · Yes · No If yes, at what age? \_\_\_\_\_

What age was pet obtained? \_\_\_\_\_

From: · Friend · Breeder · Pet Shop · Humane Society · Other \_\_\_\_\_

Reason for obtaining pet (check all that apply): · Companion · Protection · Breeding

· Show · Other \_\_\_\_\_

Brand or description of your pet's diet: \_\_\_\_\_

List your pet's current medication: \_\_\_\_\_

**Pet's History (check only those that pet has received):**

- Distemper Vaccine
- Feline Leukemia Test
- Prior Surgery: \_\_\_\_\_
- Parvovirus Vaccine (Dog)
- FVRCP Vaccine (Cat)
- Prior Illness: \_\_\_\_\_
- Rabies Vaccine (Dog/Cat)
- Dental
- Other \_\_\_\_\_

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