

Patient Info (CONTINUATION SHEET):

Pet's Name (#___): _____ Age: _____ Birthday: _____
Breed: _____ Color: _____ Spayed/Neutered/Intact Male/Female (Circle one)
Microchip: _____ Other Identifying Marks: _____

Current Medications (please include supplements): _____

Any significant health history/allergies/conditions we should be aware of? (i.e. seizures, anesthetic events, heart failure, food sensitivities/
medication allergies) _____

Is your pet up to date on vaccinations, including Rabies? Yes No Unsure

Is your pet on heartworm and intestinal worm prevention or control? Yes No Unsure

If yes, which product? _____ Last dose given: _____

Is your pet currently on Flea and Tick Medication? Yes No Unsure

If yes, which product? _____ Last dose given: _____

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