



PATIENT INFORMATION FORM

Client Name: _____

Animal's Name: _____

Phone number we can reach you at TODAY: (REQUIRED): _____

Primary E-mail address of Owner (required for prescriptions) _____

- 1. Animal's age? _____ How long have you owned this animal? _____ Sex: F _____ M _____
- 2. Was this animal a stray? Yes ___ No ___ Has your pet bitten anyone in the past 10 days? Yes _____ No _____
- 3. When was the last time your animal had any food? _____ _____ _____ _____
- 4. **If your animal is female**, when was her last heat cycle? _____ Is she pregnant now? yes no maybe
- 5. Has your animal recently given birth? yes no If yes, How long ago _____
- 6. List any medications your animal has taken in the past month and why: _____
- 7. Within the last two weeks, has your animal displayed any of the following:
 Sneezing Coughing Vomiting Diarrhea Loss of appetite Decreased activity level Please explain: _____

8. Has your animal has/had any of the following health problems:

	Yes	No	Explain		Yes	No	Explain
Seizures				Broken bones			
Heart Condition				Cancer			
Previous Pregnancy				Bloody Urine			
C-section				Vaccine Reactions			
Other surgery				Reactions to medications			
Respiratory Issues				Other:			

9. Please provide the dates of your pets most recent vaccine history:

DOGS: DA2PP _____ Kennel Cough _____ Influenza _____ Rabies _____ Lepto _____

CATS: FVRCP _____ FeLV _____ Rabies _____ FeLV/FIV test _____

10. What type of flea/tick control products do you use? _____

11. Is your animal currently on heartworm prevention? yes no Prevention being used: _____

12. Last heartworm test date: _____ Results: negative positive

(If your dog is not on heartworm preventative and has not been recently tested for heartworms, please be aware of the increased risks for complications while under anesthesia.)

Client Signature: _____

Date: _____

SNAP STAFF USE ONLY C – current D – owner declined R – receive today Y- yes N- no D- Declined

DOGS

DA2PPV _____
 Rabies vac _____ Bordetella _____
 Lepto _____
 CIV _____
 HWT _____
 HW/flea prevention _____
 Microchip scan _____

CATS

FVRCP _____ FeLV _____
 Rabies vac _____
 FeLV/FIV test _____
 HW/flea prevention _____
 Microchip scan _____

Umbilical hernia _____
 Deciduous teeth _____
 Cryptorchid _____
 Pregnant _____
 Dewclaws _____