

COMPANION INFORMATION SHEET

TODAY'S DATE: ___/___/___

OWNER'S NAME: _____

COMPANION'S NAME: _____

SPECIES (PLEASE CIRCLE): DOG CAT BIRD RABBIT REPTILE RODENT OTHER EXOTIC

DATE OF BIRTH (OR APPROXIMATE AGE): ___/___/___ OR _____

BREED: _____ COLOR: _____

SEX (PLEASE CIRCLE): FEMALE / SPAYED FEMALE OR MALE / NEUTERED MALE

*DATE OF SPAY/NEUTER (IF KNOWN): ___/___/___

VACCINATIONS – PLEASE LIST THE DATE EACH VACCINE WAS LAST ADMINISTERED:

CANINE: DISTEMPER ___/___/___

FELINE: DISTEMPER ___/___/___

RABIES ___/___/___

LEUKEMIA ___/___/___

BORDETELLA ___/___/___

RABIES ___/___/___

GIARDIA ___/___/___

BORDETELLA ___/___/___

GIARDIA ___/___/___

EXOTIC: DISTEMPER ___/___/___

RABIES ___/___/___

MEDICAL HISTORY –

NAME & LOCATION OF PREVIOUS VETERINARY PROVIDER: _____

WHAT IS YOUR COMPANION'S USUAL DIET? _____

HAS A FECAL SAMPLE BEEN CHECKED WITHIN THE LAST YEAR? YES ___/___/___ OR No

HAS YOUR DOG EVER BEEN TESTED FOR HEARTWORM? YES ___/___/___ OR No

HAS YOUR DOG EVER BEEN ON HEARTWORM PREVENTATIVE? YES / NO

IF YES, WHAT KIND & WHEN WAS IT LAST GIVEN? _____

HAS YOUR COMPANION HAD ANY PRIOR MEDICAL PROBLEMS? (PLEASE SPECIFY) _____

IS YOUR PET ON ANY MEDICATION? (PLEASE SPECIFY) _____

DO YOU HAVE ANY OTHER PETS? (PLEASE SPECIFY) _____