

PENINSULA SPCA VETERINARY CLINIC
PREVENTIVE HEALTH CARE CLINIC
ANIMAL PATIENT INFORMATION SHEET



CLIENT NAME: _____

DATE: _____

ANIMAL NAME: _____

SPECIES: DOG CAT

SEX: MALE MALE NEUTERED FEMALE FEMALE SPAYED

If unspayed, is your female pregnant? Yes No Unsure

BREED: _____

COLOR: _____

AGE/DOB: _____

PET HISTORY:

Is your pet in good health today? Yes No If no, please explain:

Have you noted any vomiting, coughing, or diarrhea? Yes No If yes, please explain:

Has your pet ever had a seizure? Yes No If yes, please explain:

Does your pet have any history of health problems? Yes No If yes, please explain:

Is your pet currently on any medication? Yes No If yes, please explain:

Has your pet been vaccinated before? Yes No Type and Date of last vaccines:

Is your pet allergic to any medications, or had a vaccine reaction? Yes No If yes, please explain:

Is your pet currently on flea/tick prevention? Yes No If yes, what product _____

Is your pet currently on heartworm prevention? Yes No If yes, what product _____

Has your pet bitten anyone in the past 10 days? Yes No if yes, does your pet have a current Rabies
vaccination? _____

Is your cat indoor, outdoor or both? In Out Both N/A

PAYMENT IS DUE IN FULL AT TIME OF SERVICES.

SIGNATURE: _____