



Patient Information Form CANINE

Client Information		Date Completed:	
Last Name:	First Name:	Client ID:	
Patient Information			Pet Letter _____ (MCAH use)
Name:	Breed:	Color:	
Length of Time Owned:	Date of Birth:	Age (Years):	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered/Spayed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> To Be Scheduled		
Microchip Number:			
Lifestyle			
Hours Outside/Day:	Other Animals in the home?		
Origin of Pet:	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Stray	<input type="checkbox"/> Humane Society
<input type="checkbox"/> Breeder	<input type="checkbox"/> Pet Store	<input type="checkbox"/> Rescue _____	<input type="checkbox"/> Newspaper/Craig's List
<input type="checkbox"/> Other _____			
Pet Food (Brand, Dry/Canned) :			
Supplements/Vitamins:			
Medical Information			
Medications/Medical Alerts including Food/Drug Allergies:			
Prior Illnesses:			
Prior Surgeries:			
Vaccines	Date Given	Administered By	Screening
Rabies (1 or 3 year)			Heartworm Test
DHPP (Distemper)			Fecal Check – Worms
Lepto			Lyme Test
Bordetella			Other
Lyme			Preventatives
Canine Influenza			Heartworm
Other Vaccines (List)			Flea & Tick
			Year round?
			Y or N
			Y or N
			Type
Client Signature:		Date:	