Pet Information

Pet's Name: _____

Species: _____

Breed: _____

Description (Color and Markings):
_____

Pet's Age: _____ (Approximate if unsure)

Sex: _____ Estimated weight: _____

Are they spayed/neutered? Yes: _____ No: _____

Would you like to microchip today? Yes: _____ No: _____

Diet (Name of food): _____

Daily medications, vitamins, and treats:
_____

Shampoo and/ or flea and tick products:
_____

Approximate time outside each day:
_____

Medical history or prior illness:

_____

_____

Heartworm prevention used: _____

For pets that are 6 years and older, we recommend conducting bloodwork twice a year as a proactive measure to detect diseases at an early stage.