CURRENT & PAST/FORMER PETS (Including Deceased)

My name is: PRIMARY VETERINARIAN:		_ If you have never owned any pets of your own, initial here				
		ADDRESS:				
PHONE:		CITY/STATE/ZIP:				
Please Initial: I have called my vet to let them		know you will be calling and have authorized for them to speak with you.				
Have your pets been seen by a	secondary veterinarian? If yes,	please provide contact information and	d dates of service:			
Do you use vaccine clinics (IE: Vetco)? YES 🗆 / NO 🗆 If Yes, please provide copies of proof of vaccines/services along with your application.						
Are there other pets in the ho	me that do not belong to you? Y	ES \square / NO \square If Yes, include below	<i>.</i> .			
PET NAME:	Gender: ☐ Male ☐ Female	PET'S AGE: SPAYED/NEUTERED? YES □ / NO □	Date of last annual exam? Up-To-Date on all vaccines?			
☐ DOG ☐ CAT ☐ OTHER	BREED:	OWNED HOW LONG? DECLAWED? YES \(\text{ / NO } \(\text{ } \)	YES □ / NO □ On flea/tick preventative?			
Has your cat been tested:	STILL LIVING? YES □ / NO □ Deceased when?	This pet is: ☐ INDOOR	YES □ / NO □ Brand:			
FeLV / FIV Negative □ / □	What happened & when?	□ OUTDOOR □ BOTH	On heartworm preventative? YES □ / NO □			
Positive ☐ / ☐ Unknown ☐ / ☐ Not Tested ☐ / ☐	Is this pet "cat friendly?" YES □ / NO □ / Unsure □	This pet is: My pet	Brand:			
Not rested /	TES E / NO E / ONSAIC E	☐ Belongs to another in the home				
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FeLV / FIV Negative □ / □ Positive □ / □	What happened & when?	☐ OUTDOOR ☐ BOTH	On heartworm preventative? YES □ / NO □ Brand:			
Unknown	Is this pet "cat friendly?" YES □ / NO □ / Unsure □	This pet is: ☐ My pet ☐ Belongs to another in the home	Statio.			

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\square DOG \square CAT	BREED:	OWNED HOW LONG?	YES □ / NO □
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