CURRENT & PAST/FORMER PETS (Including Deceased)

My name is: ________________________________ *If you have never owned any pets of your own, initial here.* _______

PRIMARY VETERINARIAN: ________________________ **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 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 home that do not belong to you? YES ☐ / NO ☐ ***If Yes, include below.***

PET NAME: ________________________ ☐ DOG ☐ CAT ☐ OTHER ____________ Has your cat been tested: FeLV / FIV Negative ☐ / ☐ Positive ☐ / ☐ Unknown ☐ / ☐ Not Tested ☐ / ☐	Gender: ☐ Male ☐ Female BREED: ________________________ STILL LIVING? YES ☐ / NO ☐ Deceased when? __________ What happened & when? ________________________ ________________________ Is this pet “cat friendly?” YES ☐ / NO ☐ / Unsure ☐	PET’S AGE:________________ SPAYED/NEUTERED? YES ☐ / NO ☐ OWNED HOW LONG? __________ DECLAWED? YES ☐ / NO ☐ This pet is: ☐ INDOOR ☐ OUTDOOR ☐ BOTH This pet is: ☐ My pet ☐ Belongs to another in the home	Date of last annual exam? _________ Up-To-Date on all vaccines? YES ☐ / NO ☐ On flea/tick preventative? YES ☐ / NO ☐ Brand: ____________________ On heartworm preventative? YES ☐ / NO ☐ Brand: ____________________
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