



Date: _____

Owner's Name: _____ Phone Number: _____

Pet's Name: _____ Sex: _____

Is pet spayed or neutered? (please check) Yes No

Birth Date (approx): _____ or Age: _____ (approx)

Breed: _____ Color: _____

Name of previous doctor/clinic: _____

Approx. date of last vaccinations (mo/yr): _____

Vaccinations received (please check all appropriate):

Dogs: Rabies Distemper Parvo Bordetella (Kennel cough)

Cats: Rabies Distemper (FVRCP) Leukemia (FeLV)

Is your pet on a flea preventative? (please check) Yes No

What kind? Frontline Advantage Nexgard Other: _____

Is your pet on a heartworm preventative? (please check) Yes No

What kind? Interceptor Sentinel Revolution Heartgard Other: _____

Date of last heartworm test (approx): _____ Date of last intestinal parasite screen: _____

Other important medical history (allergies, diseases, surgery, etc.): _____

Does your pet have a microchip? (please check) Yes No Number: _____

Other pets in household? Name: _____ Species: _____

Name: _____ Species: _____

Name: _____ Species: _____

Name: _____ Species: _____

I do hereby give Petsadena Animal Hospital, permission to obtain copies of my pet's medical records.

Signature of Owner/Authorized Agent _____ Date _____

Print of Owner/Authorized Agent _____