

Date _____

Client Name _____

Lake City Animal Clinic, Inc. New Pet History

Name _____

Species (Canine, Feline, other) _____

Breed _____

Description (Color) _____

Age _____

Date of Birth _____

Sex _____

Length of Time Owned _____

Spayed or Neutered _____

Vitamins _____

Diet (type of pet food) _____

Type of Grooming Products _____

Hours Spent Outside Each Day _____

VACCINATIONS

DHLPPC (Canine distemper) _____

Parvovirus (Canine) _____

FVRCP (Feline infectious diseases) _____

Rabies (Canine/Feline) _____

Feline Leukemia/Feline AIDS Test) _____

Other Vaccinations _____

Heartworm Test _____

Heartworm Prevention _____

Fecal/Stool Exam _____

Dental History _____

Prior Illness _____

Prior Surgery _____

PET ORIGIN:

____ Humane Society ____ Pet Store ____ Kennel/Breeder ____ Individual (Non-Breeder)

____ Friend ____ Stray ____ Advertisement