

Dunkirk Animal Clinic - Pet Information Form

Thank you for giving Dunkirk Animal Clinic an opportunity to care for your pet.
Please print out this completed form and bring it to the veterinary clinic at the time of your appointment.
Thank you.

(Please answer the following as completely as possible)

Date _____

OWNER(S) MR. MRS. DR. MS.

Last First Initial

SPOUSE'S NAME

Last First Initial

Address _____

Zip _____

Residence Phone _____ Work Phone _____

Spouse's Work Phone _____

Place of Employment _____

Address _____

Spouse's Place of Employment _____

Address _____

How did you become aware of our clinic?

_____ Previous Client _____ Other animal on record

_____ Yellow Pages _____ Clinic Sign

_____ Personal recommendation (Name) _____

_____ Other

All fees are due upon release of patient. Please indicate your choice of payment method.

_____ Cash/Check _____ VISA/Mastercard

PATIENT INFORMATION:

BREED _____ COLOR _____

SEX _____ NEUTERED _____

BIRTH DATE _____ NAME _____

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CANINE: MEDICAL HISTORY:	DATE	TYPE
A. DISTEMPER HISTORY	_____	_____
B. RABIES	_____	_____
C. FECAL (WORMS)	_____	_____
D. HEARTWORM TEST TABLETS	_____	_____
E. OTHER _____	_____	_____

FELINE MEDICAL HISTORY:	DATE	TYPE
A. DISTEMPER VACCINE	_____	_____
B. RABIES	_____	_____
C. LEUKEMIA	_____	_____
D. FECAL (WORMS)	_____	_____
E. OTHER _____	_____	_____

Are any of the following of concern to you with respect to you pet's behavior?
Please check.

_____ Excessive barking	_____ Biting
_____ Shedding	_____ Smell
_____ Housebreaking	_____ Problems around children
_____ Excessive itching/scratching	_____ Wetting/spraying in house
_____ Overly rambunctious/overly enthusiastic	_____ Straying from home

Is your pet currently on a special diet or medication?

List any previous problems that we should know about.

List any known drug allergies

What is your pet's present medical problem or problems?

(Please continue on back if needed)