



PATIENT INFORMATION SHEET

PET INFORMATION

CAT DOG OTHER _____ MALE FEMALE Spayed Neutered

NAME _____ BREED _____ COLOR _____ DOB _____

MICROCHIP: YES NO NEEDS TO BE SCANNED: _____ MICROCHIP #: _____

NAME(S) OF PAST CLINIC(S) YOUR PET HAS BEEN SEEN AT: _____

IS YOUR PET CURRENTLY ON HEARTWORM PREVENTION? IF SO, WHAT KIND? WHEN DID YOU LAST PURCHASE IT?

IS YOUR PET CURRENTLY ON FLEA/TICK PREVENTION? IF SO, WHAT KIND? WHEN DID YOU LAST PURCHASE IT?

HOW OLD WAS YOUR PET WHEN YOU ACQUIRED IT? _____

WHAT PRIOR ILLNESS OR SURGERY SHOULD WE KNOW ABOUT? _____

IS YOUR PET CURRENTLY ON A SPECIAL DIET OR MEDICATION? IF YES, PLEASE EXPLAIN. _____

DOES YOUR PET HAVE ANY DRUG ALLERGIES? IF YES, WHAT DRUG(S)? _____

WE REQUIRE THAT CATS BE UP TO DATE ON DISTEMPER-RESPIRATORY, COMBO TEST, FECAL TEST, AND RABIES VACCINATIONS AND DOGS BE UP TO DATE ON DISTEMPER-PARVO, FECAL TEST, HEARTWORM TEST, RABIES AND BORDETELLA VACCINATIONS.

Authorization to treat

I hereby confirm that I am the owner of the above named pet. I hereby authorize the veterinarians and staff of Clairmont Animal Hospital to provide medical treatment for the above named pet.

OWNER'S SIGNATURE

DATE

CLAIRMONT@CLAIRMONTVETS.COM

AGAIN, THANK YOU FOR GIVING US THE OPPORTUNITY TO SERVE YOU.