

**COMPANION INFORMATION SHEET**

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

OWNER'S NAME: \_\_\_\_\_

COMPANION'S NAME: \_\_\_\_\_

SPECIES (PLEASE CIRCLE): DOG CAT BIRD RABBIT REPTILE RODENT OTHER EXOTIC

DATE OF BIRTH (OR APPROXIMATE AGE): \_\_\_/\_\_\_/\_\_\_ OR \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

SEX (PLEASE CIRCLE): FEMALE / SPAYED FEMALE OR MALE / NEUTERED MALE

\*DATE OF SPAY/NEUTER (IF KNOWN): \_\_\_/\_\_\_/\_\_\_

**VACCINATIONS – PLEASE LIST THE DATE EACH VACCINE WAS LAST ADMINISTERED:**

CANINE: DISTEMPER \_\_\_/\_\_\_/\_\_\_

FELINE: DISTEMPER \_\_\_/\_\_\_/\_\_\_

RABIES \_\_\_/\_\_\_/\_\_\_

LEUKEMIA \_\_\_/\_\_\_/\_\_\_

BORDETELLA \_\_\_/\_\_\_/\_\_\_

RABIES \_\_\_/\_\_\_/\_\_\_

GIARDIA \_\_\_/\_\_\_/\_\_\_

BORDETELLA \_\_\_/\_\_\_/\_\_\_

GIARDIA \_\_\_/\_\_\_/\_\_\_

EXOTIC: DISTEMPER \_\_\_/\_\_\_/\_\_\_

RABIES \_\_\_/\_\_\_/\_\_\_

**MEDICAL HISTORY –**

NAME & LOCATION OF PREVIOUS VETERINARY PROVIDER: \_\_\_\_\_

WHAT IS YOUR COMPANION'S USUAL DIET? \_\_\_\_\_

HAS A FECAL SAMPLE BEEN CHECKED WITHIN THE LAST YEAR? YES \_\_\_/\_\_\_/\_\_\_ OR No

HAS YOUR DOG EVER BEEN TESTED FOR HEARTWORM? YES \_\_\_/\_\_\_/\_\_\_ OR No

HAS YOUR DOG EVER BEEN ON HEARTWORM PREVENTATIVE? YES / NO

IF YES, WHAT KIND & WHEN WAS IT LAST GIVEN? \_\_\_\_\_

HAS YOUR COMPANION HAD ANY PRIOR MEDICAL PROBLEMS? (PLEASE SPECIFY) \_\_\_\_\_

IS YOUR PET ON ANY MEDICATION? (PLEASE SPECIFY) \_\_\_\_\_

DO YOU HAVE ANY OTHER PETS? (PLEASE SPECIFY) \_\_\_\_\_