

Westuck Veterinary Hospital, Inc.

Patient Information Sheet

File Number: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species (canine or feline) \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_ Color: \_\_\_\_\_

History:

Does your pet have any known allergies? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Is your pet currently taking any medications? \_\_\_\_\_ If so, please list with instructions and purpose for giving: \_\_\_\_\_

**(Dogs Only)**

On heartworm preventative ( ) YES, ( ) NO If so, name of prevention using: \_\_\_\_\_

Date of last vaccinations:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rabies, 1 or 3 yr vaccination? \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Distemper/Parvo/Lepto

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Bordetella

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Lyme

**(Cats Only)**

Date of last vaccinations:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rabies

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ FVRCP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Leukemia

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Other, \_\_\_\_\_

Has your pet had any surgeries, serious illness or injury in the past? (please explain) \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_