

PET INFORMATION

Pet Name _____ Dog Cat Bird Other _____
Breed _____ Color _____ Birth Date _____
(approximate if necessary)

Sex: Spayed Female Female Neutered Male Male Microchip/Tattoo# _____

Date of Last Vaccination _____ Given By _____

PLEASE PROVIDE RECORDS IF POSSIBLE

Is your pet: Allergic to Vaccines or Medications? _____

Currently Taking Medications/Special Diet? _____

Please List Previous Illnesses/Surgeries: _____

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