

SOUTH PUTNAM ANIMAL HOSPITAL

PET FORM

HOME PHONE NUMBER _____ YOUR NAME _____

PET'S NAME _____ BIRTH DATE OR AGE _____

SPECIES: Canine Feline Ferret Rabbit Rodent (Hamster, Guinea Pig)

BREED: _____ COLOR: _____

SEX: _____ SPAYED OR NEUTERED? YES / NO

FOR NEW PET OWNERS:

This pet was obtained from: Pet Shop? _____ Shelter? _____ Breeder? _____ Other? _____

Is this a stray animal? _____ How long have you had this pet? _____

Do you have any other pets? _____ How many? Dogs _____ Cats _____ Other _____

VACCINE HISTORY for your pet listed above:

Where were your pet's last vaccines given? _____

Below please enter the date of your pet's last vaccinations and test:

FOR A DOG:

Distemper/Parvo _____ Lyme _____ Canine Cough _____

Leptospirosis _____ Rabies _____ 1 Year / 3 Year (circle one)

Heartworm Blood Test _____ Is this dog on heartworm preventative? _____ Type? _____

FOR A CAT:

Feline Distemper/Respiratory Vaccine _____ Rabies _____ 1 Year / 3 Year

Feline Leukemia Virus Test _____ Feline Leukemia Vaccine _____

Is your cat allowed to go outdoors? _____

FOR A FERRET:

Distemper Vaccine _____ Rabies Vaccine _____

MEDICAL HISTORY for your pet listed above:

Is your pet on medication at this time? YES / NO What medication and what is condition being treated? _____

Date wormed for parasites and medication used: _____

Dates and types of any past Surgeries: _____

Any adverse reactions to prior medications/vaccinations/treatments? _____

Why is this pet being presented today? _____

Has it ever had this problem before? YES / NO When? _____

FORM OF PAYMENT: CASH _____ CHECK _____ VISA/MASTERCARD _____

IT IS OUR POLICY TO PROVIDE YOU WITH AN ESTIMATE OF CHARGES FOR ANY CASE WHERE IN-HOSPITAL PROCEDURES ARE PROVIDED. A DEPOSIT MAY BE REQUIRED PRIOR TO TREATMENT. **ALL CHARGES ARE DUE AND PAYABLE WHEN SERVICES ARE RENDERED.**

I ACKNOWLEDGE THAT I AM OVER 18 YEARS OF AGE.

SIGNATURE(X) _____ DATE _____