MIDLAND ANIMAL HOSPITAL

Pet Information Sheet

Please Check One: ☐ Dog ☐ Cat ☐ Other

Patient Name: **Date of Birth:** **Sex:**

Breed: **Color:** **Spayed/Neutered?** ☐ Yes ☐ No

Microchip/Tattoo? ☐ **Yes** ☐ **No** **Number:**

Last Date Given:

	Rabies Vaccine		**Feline Distemper Vaccine**
	Canine Distemper/Parvo Vaccine		**Feline Leukemia Vaccine**
	Canine Bordetella Vaccine		**Feline Combo Test**
	Canine Leptospirosis Vaccine		**Fecal Test**
	Canine Influenza Vaccine		**Heartworm Test:**
	Rattlesnake Vaccine		☐ **Positive** ☐ **Negative**

At which hospital or vet?

Are there any prior illnesses or surgeries that we should know about?

Is your pet currently on a special diet or medication? If yes, please explain.

Is your pet currently on heartworm/flea prevention? ☐ **No** ☐ **Yes** **Brand:**

Please check any medical symptoms or problems you've noticed with your pet:

☐ Appetite loss	☐ Depression	☐ Scooting
☐ Bad breath	☐ Eye Problems	☐ Shaking head
☐ Behavioral changes	☐ Fleas, ticks, or other parasites	☐ Sneezing
☐ Bleeding gums	☐ Gagging	☐ Stiffness or pain upon rising
☐ Breathing problems	☐ Itching, licking, or scratching	☐ Thirst
☐ Changes in weight	☐ Limping	☐ Unusual Odor
☐ Change in urination/defecation	☐ Loss of Balance	☐ Vomiting
☐ Coughing	☐ Lumps, bumps, or growths	☐ Weakness
☐ Diarrhea	☐ Mouth sensitivity, drooling	☐ Other:

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

OWNER'S SIGNATURE

02/25/2016

DATE