

# *Bear Valley Animal Hospital*

## Pet Information

Pet's Name: \_\_\_\_\_ (circle one) Dog    Cat    Other \_\_\_\_\_

MALE / NEUTERED    FEMALE / SPAYED

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday/Age \_\_\_\_\_

Vaccinations current? Yes  No  What vaccines given: \_\_\_\_\_

Date given: \_\_\_\_\_ Any vaccine reaction? \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

Are there any long-term problems that exist with your pet? Yes  No

Explain: \_\_\_\_\_

Is your pet currently on any medications? Yes  No

Types? \_\_\_\_\_

Does your pet have any reaction to any injections or medications? \_\_\_\_\_

What is your pet's normal diet? \_\_\_\_\_

Does your Pet eat table scraps and what kind \_\_\_\_\_

Do you free feed your pet or set the food out for them at certain times of the day?

Explain: \_\_\_\_\_

Does your pet travel with you? \_\_\_\_\_

Is your pet of Heartgard or Flea/Tick protection: \_\_\_\_\_

Is your pet mainly: Indoors       Outdoors       Both

Does your pet show any behavioral problems: (i.e. frequent urination, not using the litter box, separation anxiety, chewing, etc...)

\_\_\_\_\_

\_\_\_\_\_

*Thank you for taking the time to fill us in on your pet's history.*