

# BEAR VALLEY ANIMAL HOSPITAL

## PET INFORMATION

Pet's Name \_\_\_\_\_ Dog  Cat  Other  \_\_\_\_\_

Male  Neutered  / Female  Spayed

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

Is your pet microchipped? Yes  No  Microchip #: \_\_\_\_\_

Vaccinations current? Yes  No  Which vaccines? \_\_\_\_\_

Date given: \_\_\_\_\_ Any vaccine reaction? Yes  No

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 medications? Yes  No

Please specify: \_\_\_\_\_

Does your pet have any reactions to any foods, injections, or medications? \_\_\_\_\_

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

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

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

Does your pet travel with you? Yes  No

My pet is mainly: Indoors  Outdoors  Both

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

\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to inform us about your pet's history.*