



PATIENT REGISTRATION

Client's Name: _____
Last First Title

Pet's Name: _____

Sex: Male Female Neutered: No Yes At what age? _____

DOB: _____ Breed: _____

Color/Markings: _____

Test History (Please check those that apply and provide date):

- Heartworm Test: _____
- Lyme Test: _____
- Fecal Test: _____
- FeLV/FIV Test: _____

Vaccination History (Please check those that apply and provide date):

- Rabies: _____
- Distemper/Parvo: _____
- Bordetella: _____
- Lyme: _____
- FVR-CP (feline distemper): _____
- FeLV (leukemia): _____

Brand of food currently feeding: _____ Dry Canned

Are table scraps given? Yes No

What types of treats are given? _____

List your pet's current medication:

Special notes:

