

**Timberview Pet Clinic, P.A.**

**PET INFORMATION AND HISTORY**

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

Sex \_\_\_\_\_ Color/Markings \_\_\_\_\_ Approx. date of birth \_\_\_\_\_

Has this pet been neutered or spayed? \_\_\_\_\_ Approx. date of surgery \_\_\_\_\_

List any other surgeries this pet has had: \_\_\_\_\_

List any serious or chronic illness this pet has had: \_\_\_\_\_

List any medication this pet is taking: \_\_\_\_\_

What is this pet's normal diet? Please give brands, approximate amount, snacks etc: \_\_\_\_\_

Is this pet: Indoors only  Outdoors only  Mostly indoor  Mostly outdoors

Has this pet had any adverse or allergic reaction to any vaccination, medication, anesthetic agent, dips, shampoos, food, etc.? If so, please describe: \_\_\_\_\_

Date and place of last vaccination(s) \_\_\_\_\_

Date this pet was last checked for internal parasites \_\_\_\_\_

Results of last parasite check \_\_\_\_\_

What role does this pet play in your life?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Protection       | <input type="checkbox"/> Show Animal     | <input type="checkbox"/> other, please list |
| <input type="checkbox"/> Family member    | <input type="checkbox"/> Breeding Animal | _____                                       |
| <input type="checkbox"/> Companion/Friend | <input type="checkbox"/> Working Animal  | _____                                       |
| <input type="checkbox"/> Children's Pet   | <input type="checkbox"/> Entertainment   | _____                                       |

Please list types and brands of animal care products (fleas sprays, shampoos, vitamins, etc.) used for this animal \_\_\_\_\_

Date \_\_\_\_\_