



# PET INFORMATION

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Pet's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Is Your Pet: Neutered/Spayed? Yes \_\_\_\_\_ No \_\_\_\_\_ Is Your Cat Declawed? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Last Vaccinations: \_\_\_\_\_ Please Circle Vaccinations Given:

★ Dog: Rabies - Distemper Combo - Parvo- Corona- Bordetella (kennel cough) - Lymes Disease

★ Cat: Rabies -- Distemper Combo -- Leukemia -- FIP -- FIV

Is Your Pet on a Heartworm Preventative?: YES NO What Type? \_\_\_\_\_

Has Your Pet Been Tested for Heartworms?: YES NO Date \_\_\_\_\_ Results \_\_\_\_\_

Has Your Cat Been Tested for Feline Leukemia? YES NO Date \_\_\_\_\_ Results \_\_\_\_\_

Where Did You Acquire Your Pet? - Pet Shop \_\_\_ Breeder \_\_\_ Stray \_\_\_ Shelter \_\_\_ Individual \_\_\_

Is Your Pet for: Show \_\_\_ Breeding \_\_\_ Family Pet \_\_\_

Does Your Pet Stay: Indoors \_\_\_ Outdoors \_\_\_ Both \_\_\_

Does Your Pet Have Medical Records with Another Veterinarian? YES NO

Do You Want the Medical Records for Your Pet Transferred to Bedford Oaks Animal Clinic? YES NO

Veterinarian/Clinic Name \_\_\_\_\_

Veterinarian/Clinic Address \_\_\_\_\_ Phone \_\_\_\_\_

Does Your Pet Have any Chronic Medical Problems and/or Medications We Should Know About?  
YES NO

If Yes, Please Explain:

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