Alta Rancho
PET & BIRD HOSPITAL

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New Pet Information Form

Please take a few moments to answer these questions regarding your pet. The answers provided will help us to provide you and your pet with the highest quality of medical service.

Client Information:

Mrs. Ms. Mr. Dr. _____ **Phone #:** _____
(circle) (Last Name) (First Name) (MI)

Pet Information:

Name: _____ **Species:** ❑ **Canine** ❑ **Feline** ❑ **Avian** ❑ **Other:** _____

Breed: _____ **Date of Birth:** _____ **Color:** _____ **Sex:** ❑ **Male** ❑ **Neutered** ❑ **Female** ❑ **Spayed**

At what age did you obtain your pet? _____ At what age was your pet sterilized? _____

From what source did you obtain your pet? ❑ Pet Store ❑ Breeder ❑ Shelter ❑ Friend ❑ Other:_____

Is your pet currently taking any medication? (Please specify drug name, amount and frequency): _____

_____

_____

Do you know approximately when your pet was your pet last vaccinated ? ❑ Yes ❑ No

Do you know the practice name and/or phone number where your pet was vaccinated? _____

Do you have a copy of your pet's vaccination history with you? ❑ Yes ❑ No If yes, please give it to the receptionist.

If it is medically appropriate, would you like us to vaccinate your pet today?	❑ **Yes** ❑ **No**
Has your pet had a stool examination for parasites within the last 12 months?	❑ **Yes** ❑ **No**
If not, would you like us to perform one today?	❑ **Yes** ❑ **No**
Has your dog been tested for heartworm disease within the past 12 months?	❑ **Yes** ❑ **No**
If not, would you like us to perform the test today?	❑ **Yes** ❑ **No**
Has your cat ever been tested for Feline A.I.D.S and/or Feline Leukemia Virus?	❑ **Yes** ❑ **No**
If not, would you like us to perform the test today?	❑ **Yes** ❑ **No**
Does your pet have a microchip identification implant?	❑ **Yes** ❑ **No**
If so, we will scan to obtain the number today. If not, would you like us to place a microchip in your pet today?	❑ **Yes** ❑ **No**
When was the last time your pet had his/her teeth cleaned? _____	
Would you like the Doctor to give you an estimate for a dental cleaning procedure?	❑ **Yes** ❑ **No**

Reason for Examination: _____

_____

_____

How long have the symptoms been present? _____

Has the problem been getting worse, better or not changing? _____

Are any other pets in the house ill? ❑ No other pets ❑ No, other pets are O.K. ❑ Yes: (Explain)

_____

Has your pet recently exhibited any of the following signs? (Please check the box and explain below)

❑ Vomiting ❑ Diarrhea ❑ Coughing ❑ Sneezing ❑ Difficulty Breathing ❑ Weakness
❑ Seizures ❑ Weight Change ❑ Scratching ❑ Hair Loss ❑ Lameness ❑ Change in Thirst or Urine

_____

_____

_____

_____

Thank you for completing this form. We will create your pet's medical history chart in our computer and the doctor will be with you shortly.