

PATIENT INFORMATION



Patient Name: _____

D.O.B. or Estimated Age _____ **Length of Time Owned:** _____

Species: Dog Cat **Gender:** Male Female **Spayed/Neutered?** Yes No

Breed: _____ **Color:** _____

Medical History:

DOGS ONLY:	Yes/No (Date)	CATS ONLY:	Yes/No (Date)
DHPP (Distemper/Parvo)	Y/N _____	FVRCP (Distemper)	Y/N _____
Lyme	Y/N _____	FeLV (Leukemia)	Y/N _____
Leptospirosis	Y/N _____	FIV (Immunodeficiency)	Y/N _____
Bordetella (Kennel Cough)	Y/N _____	Rabies	Y/N _____
Rabies	Y/N _____	FeLV/FIV	Y/N _____
Heartworm test	Y/N _____	Intestinal Parasites	Y/N _____
Intestinal Parasites	Y/N _____	Bloodwork	Y/N _____
Bloodwork	Y/N _____		

Other vaccinations/tests given but not listed:

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Lifestyle History:

Where did you acquire your pet? Breeder Rescue Pet Store Craigslist Other

Diet: Brand _____ Canned/Dry: Quantity _____

Does your pet receive table scraps or treats? If so, what type and how much?

My pet is: Strictly Indoor Indoor/Outdoor Primarily Outside

Current exercise regime: Daily Walks Fenced Yard Acreage Running partner None

Does your pet visit a groomer, boarding facility, or doggie day care? Yes No

Springfield Veterinary Center is dedicated to promoting the human-animal bond through education, compassion and by offering the most comprehensive, low stress care available. Please help us provide the best care for your pet by indicating the services for which you would like more information.

___ Microchip identification	___ Dental care	___ Flea prevention
___ Heartworm prevention	___ Vaccinations	___ Intestinal parasites
___ Senior health care	___ Spaying/Neutering	___ Declawing
___ FeLV/FIV testing	___ Nutrition	___ Allergic skin disease
___ Behavior issues	___ Weight management	___ Hip dysplasia
___ Arthritis management	___ Pain management	___ Early disease detection