

PET HISTORY: _____

(Name of Pet)

Animal type: _____ Breed: _____

Sex: _____ Age: _____ Weight _____ Color: _____

Owner Name: _____

Veterinarian Information:

Name of Animal Hospital or Clinic: _____

Name of Veterinarian: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Date of last Visit: _____ Reason for last visit: _____

Vaccination Expiration Dates:

<u>Dogs</u>	
Rabies: _____	DHLPP/DMP: _____

<u>Cats</u>	
FVRCP: _____	LEUKOCELL: _____

Other Vaccinations & Dates: _____

History of Accidents and/or Illness: _____

Medication: (Please be specific as to Dosage quantity & times. Detail Side Effects if applicable.)

Feeding Instructions: _____

Location of food: _____

Is pet allowed treats? Yes / No If yes, what kind? _____

Special Instructions:

Is your pet an **indoor** / **outdoor** / **both** pet? Please circle all applicable.

Please explain: _____

If your pet(s) go outside in an enclosed area, can pet(s) be left unattended in this area? Yes / No

Please explain: _____

Any history of hostile or aggressive behavior?: Yes / No

If yes please explain: _____

Upon completion this **"PET HISTORY"** shall be considered as an attachment to and an integral part of the **"SERVICE CONTRACT"** with **It's Puppy Luv**

Client / Owner Signature: _____

We do not want your pet to be traumatized by your absence. In return for the time it takes you to complete this questionnaire It's Puppy Luv can better know and care for your pet. We want your pet to feel comfortable with us and welcome you back in a happy, healthy state.