

Account # _____



Date: _____

HAH Use only
Info added to computer:
Initials:
Date:

Patient Information

Name: _____ Canine / Feline (Circle one) Breed: _____ Date of Birth: _____

Color: _____ Male / Female (Circle one) Spayed or Neutered?: Yes / No (Circle one)

Where did you adopt your pet? _____

Medical History

To prevent the spread of INFECTIOUS DISEASES AND PARASITES, hospitalized patients MUST BE CURRENT ON ALL VACCINES and FREE OF INTERNAL AND EXTERNAL PARASITES.

Please provide estimate dates for vaccines and tests if available.

Rabies Vaccine 1 year / 3 year (Circle one): _____ Lepto Vaccine (Canine): _____

Distemper Vaccine: _____ Lyme Vaccine (Canine): _____

Leukemia Vaccine (feline): _____ Bronchicine Vaccine (Canine): _____

Heartworm or FIV/FelV: _____ Influenza (Canine): _____

Name of Previous Veterinary Hospital: _____

Name of monthly Heartworm Prevention: _____ Last date given: _____

Name of monthly Flea/Tick prevention: _____ Last date applied: _____

Fecal (stool sample) Test: _____ Pet's Lifestyle: Indoor / Outdoor / Both

Do you brush your pet's teeth? YES / NO

Any previous surgeries or dental cleanings? YES / NO (If yes, please explain): _____

Medical Conditions or Behavioral Problems (If any): _____

Is your pet on any medications? YES / NO (If yes please provide name and dose): _____

Any known allergies to vaccines or medications? YES / NO (If yes, please explain allergies and reactions): _____

Does your pet have a microchip? YES / NO

What brand of food does your pet eat and how much does she/he eat a day? _____

Pet Insurance Yes: _____ Carrier: _____ Policy #: _____ No: _____

Heritage Animal Hospital Has a Webpage and Facebook. If pictures are taken of your pet, may we use them on our Facebook page and/or Webpage?

Yes _____ No _____



For the safety of you and your pets, please keep ALL dogs on a leash and ALL cats in a carrier