

CLIENT ID NO. _____

PET ID NO. _____

PET INFORMATION SHEET

Please provide us with the following information about your pets:

NAME _____ DATE OF BIRTH ____/____/____

CANINE _____ FELINE _____ BREED _____

SEX _____ (spayed/neutered) COLOR _____

MICROCHIP NUMBER _____ MARKINGS _____

PLEASE LIST ANY ONGOING MEDICAL CONDITION(S) _____

PLEASE LIST ANY SPECIAL DIET _____

Please fill in the most recent date(s) your pet received vaccinations:

Canine vaccines:

DHLP-P _____/____/____

Bordetella _____/____/____

Lyme _____/____/____

Rabies _____/____/____

Rattlesnake _____/____/____

Feline vaccines:

FVRCP _____/____/____

FeLV _____/____/____

FIP _____/____/____

Rabies _____/____/____

(Please supply us with a vaccination certificate or a phone number to call to verify vaccination dates.)

Has your dog ever been tested for Heartworm? YES _____ NO _____ RESULT: _____

Has your cat ever been tested for Feline Leukemia? YES _____ NO _____ RESULT: _____

FOR THE PROTECTION OF YOUR PET(S) AND OTHERS, CHATSWORTH VETERINARY CENTER REQUIRES THAT CERTAIN VACCINES BE CURRENT FOR BOARDING:

DOGS: (1) DHPPC (annual) (2) BORDETELLA (every 6 months)

CATS: (1) FVRCP (annual) (2) FELINE LEUKEMIA (annual)