

# VCA Schaumburg Animal Hospital

## New Canine Patient

Here at Schaumburg Veterinary Hospital we pride ourselves on the individualized care we give each pet. Communication between the staff, doctor, and pet family are paramount to providing proper care. By providing us with the detailed information below you are partnering with us in developing a wellness plan catered to your pet's unique needs.

Pet's Name \_\_\_\_\_ Sex: Male / Female Spayed/Neutered? Y or N

Client's Last Name \_\_\_\_\_

DOB or approximate age \_\_\_\_\_ Breed \_\_\_\_\_ Colors \_\_\_\_\_

Microchip # \_\_\_\_\_ Where did you get your pet? \_\_\_\_\_

Any medical conditions or medications that we should know about?  
\_\_\_\_\_

### **DATES OF LAST CORE (those that ALL dogs should receive) SERVICES:**

Distemper, Parvo, Hepatitis, Parainfluenza Vaccine (aka Distemper) \_\_\_\_\_

Rabies Vaccination \_\_\_\_\_

Fecal Exam for Parasites \_\_\_\_\_

Heartworm Test (Blood Test) \_\_\_\_\_

Heartworm Preventative \_\_\_\_\_

Flea/Tick Preventative \_\_\_\_\_

Leptospirosis Vaccination \_\_\_\_\_

Where were these done previously? \_\_\_\_\_

### **Non-Core Services:**

Bordetella Vaccination (Kennel Cough) \_\_\_\_\_

Lyme Vaccination \_\_\_\_\_

Other Vaccination \_\_\_\_\_

Laboratory Tests (Blood, Urine, Glaucoma, etc...) \_\_\_\_\_

### **Tell us some more please:**

Do you live near/go to a forest preserve or other wooded exposure where deer live? YES  NO

What food does your dog eat? \_\_\_\_\_ How much? \_\_\_\_\_

Do you know any family medical history for your dog? YES  NO

Are there other pets in house? YES  NO  Who? \_\_\_\_\_

Does your dog board, go to groomer, doggie daycare Mark yes to any. YES  NO

Do you travel with your dog? YES  NO  Where and what seasons? \_\_\_\_\_

Receptionist/Tech Initials \_\_\_\_\_