**New Canine Patient**

**Here at VCA Schaumburg Animal 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.**

Dog’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex : Male / Female Spayed/Neutered? Y or N

Client’s Last Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB / Age : \_\_\_\_\_\_\_\_\_\_ Breed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Previous veterinary clinic, if any : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog currently have pet insurance? Y or N

Are you interested in learning more about pet insurance today? Y or N

**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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Core Services (dependent on individual needs)**:

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

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

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

Laboratory Tests (Blood, Urine, Glaucoma, etc…) : \_\_\_\_\_\_\_\_\_\_\_\_

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