

## Welcome to Our Family



Pets Name: \_\_\_\_\_

Date of birth/Approximate Age: \_\_\_\_\_

Male  Female  Spayed/Neutered: Yes  No

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Has your pet had any previous illnesses/injuries?

---

Does your pet have any known allergies?

---

Does your pet take any medications/supplements?

---

What kind of food does your pet eat? {Brand, dry/canned, amount}

---

Is your pet on heart worm or flea/tick prevention? {Brand, last dose given}

---

Is there anything else you would like us to know about your pet? {likes/dislikes}

---

We would love to show off our patients! May we post the pet listed above on social media? Check one: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_