

PET INFORMATION AND HEALTH HISTORY

Client Name _____

PET # 1

Pets Name _____ Date of Birth _____

Type: Dog Cat other _____ Breed _____

Color _____ Sex: Male Female Undetermined Spayed/Neutered Yes No

Is your pet microchipped? Yes No

Did you bring a copy of your pets medical record including vaccinations, doctors notes and any medications with you? **Yes** **No**

If no please provide the following information so we may contact them for verification/records:

Name of previous Veterinarian or Facility _____

City and State _____ Phone # _____

PET # 2

Pets Name _____ Date of Birth _____

Type: Dog Cat other _____ Breed _____

Color _____ Sex: Male Female Undetermined Spayed/Neutered Yes No

Is your pet microchipped? Yes No

Did you bring a copy of your pets medical record including vaccinations, doctors notes and any medications with you? **Yes** **No**

If no please provide the following information so we may contact them for verification/records:

Name of previous Veterinarian or Facility _____

City and State _____ Phone # _____

PET #3

Pets Name _____ Date of Birth _____

Type: Dog Cat other _____ Breed _____

Color _____ Sex: Male Female Undetermined Spayed/Neutered Yes No

Is your pet microchipped? Yes No

Did you bring a copy of your pets medical record including vaccinations, doctors notes and any medications with you? **Yes** **No**

If no please provide the following information so we may contact them for verification/records:

Name of previous Veterinarian or Facility _____

City and State _____ Phone # _____

I authorize the Doctors and staff at Valrico Animal Clinic to contact and obtain copies of medical records from my previous Veterinarian/Veterinary Facility.

Signature _____ **Date** _____

You may have records faxed to us at (813)-662-0634.