

PET INFORMATION

Name of Pet: _____

Canine _____ Feline _____ Other (*Please Specify*) _____

Breed: _____ Color: _____ Date of Birth OR Age (estimate if needed): _____

Male _____ Neutered _____ Female _____ Spayed _____

Are there other pets in your household? Yes No

If yes, indicate quantity. # Dogs _____ # Cats _____ # Other _____

NUTRITION

Dry Brand: _____ Canned Brand: _____

Treats: _____ Table Foods: _____

HEARTWORM PREVENTION

Is your pet currently taking heartworm preventative? Yes No

If yes, which brand? _____

FLEA/TICK PREVENTION

Is your pet currently on flea/tick preventative? Yes No

If yes, which brand? _____

MICROCHIP IDENTIFICATION # _____

MEDICAL RECORDS

Name of hospital where they can be obtained: _____

VACCINATION HISTORY – IF YOU’VE PROVIDED COPIES, SKIP THIS STEP

Please indicate the date (*month/year*) your pet received the following vaccinations.

(CANINE & FELINE) Rabies _____ Fecal Exam _____ Heartworm Test _____

(CANINE) Distemper/Parvo _____ Bordetella (*kennel cough*) _____ Lepto _____ Lyme _____

Influenza (*Flu Strain H3N8*) _____ Influenza (*Flu Strain H3N2*) _____

(FELINE) Distemper/FVRCP _____ Feline Leukemia _____ FELV/FIV Test _____

At Charlotte Animal Hospital, we stand behind the three-step program of responsible pet care.

(1) Vaccinate

(2) Spay/Neuter

(3) Microchip your pet.

We strongly recommend these three steps to keep your pets happy, healthy, and safe.

Thank you for trusting us to care for your pet 😊