VALLEYDALE
ANIMAL CLINIC

Patient History

PET INFORMATION

Pet's Name: _____ **Last Name:** _____

Species: ☐ Cat ☐ Dog ☐ Other: _____ **Sex:** ☐ Male ☐ Female **Spayed/Neutered:** ☐ Yes ☐ No

Breed: _____ **Color/Markings:** _____

Birthday/Approximate Age: _____

Does Your Pet Have a Microchip? ☐ Yes ☐ No **Microchip Number:** _____

How Did You Acquire Your Pet? ☐ Friend/Family ☐ Shelter ☐ Breeder ☐ Pet Store ☐ Other _____

MEDICAL INFORMATION

Previous Veterinarian/Vet Clinic: _____

Previous Medical/Behavioral History: (please check all boxes that apply)

☐ Ear Infections	☐ Abdominal Surgery	☐ Skin Conditions
☐ Broken Bones	☐ Vomiting/Diarrhea	☐ Anxiety During _____
☐ Growth Removal	☐ Anal Gland Problems	☐ Aggression towards _____
☐ Seizures	☐ Allergies	☐ Climbs Cages
☐ Eats Toys/Bedding	☐ Other _____	☐ Other _____

If You Checked Yes for Allergies, Please List: _____

_____

Any Other Medical Conditions You Wish to Explain: _____

_____

Is your pet currently on any medications? ☐ Yes ☐ No

If yes, please list medications and dosages:

_____ _____

_____ _____

_____ _____

DIET & PREVENTION INFORMATION

What do you currently feed your pet? Brand: _____ **Variety:** ☐ **Wet** ☐ **Dry**

How much do you feed? _____ **How often do you feed?** ☐ **AM** ☐ **PM** ☐ **Other** _____

Heartworm Prevention? ☐ Heartgard Plus ☐ Trifexis ☐ Proheart Injection ☐ Other _____ ☐ None

Flea/Tick Prevention? ☐ AdvantixK9 ☐ AdvMulti Cat ☐ Trifexis ☐ Nexgard ☐ Other _____ ☐ None