

# ALTA RANCHO PET HOSPITAL- NEW PET INFORMATION FORM

PLEASE TAKE A FEW MOMENTS TO ANSWER THESE QUESTIONS REGARDING YOUR PET. THE ANSWERS PROVIDED WILL HELP US TO PROVIDE YOU AND YOUR PET WITH THE HIGHEST QUALITY OF MEDICAL SERVICE.

**CLIENT INFORMATION:**

MRS. MS. MR. DR. \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 (Circle) (Last Name) (First Name) (MI)

**PET INFORMATION:**

Name: \_\_\_\_\_ Species:  Canine  Feline  Avian  Other: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_ Sex:  Male  Neutered  Female  Spayed  
 At what age did you obtain your pet? \_\_\_\_\_ At what age was your pet sterilized? \_\_\_\_\_  
 From what source did you obtain your pet?  Pet Store  Breeder  Shelter  Friend  Other: \_\_\_\_\_  
 Is your pet currently taking any medication? (Please specify drug name, amount and frequency): \_\_\_\_\_

**When was your pet last vaccinated against the following diseases?**

Dogs: _____ DHLP	_____ Parvovirus	_____ Coronavirus	_____ Bordetella	_____ Rabies
Cats: _____ FVRCP	_____ Pneumonitis	_____ Leukemia	_____	_____ Rabies

If it is medically appropriate, would you like us to vaccinate your pet today?  Yes  No  
 Has your pet had a stool examination for parasites within the last 12 months?  Yes  No  
 If not, would you like us to perform one today?  Yes  No  
 Has your dog been tested for heartworm disease within the past 12 months?  Yes  No  
 If not, would you like us to perform the test today?  Yes  No  
 Has your cat ever been tested for Feline A.I.D.S and/or Feline Leukemia Virus?  Yes  No  
 If not, would you like us to perform the test today?  Yes  No  
 Does your pet have a microchip identification implant?  Yes  No  
 If so, please note the ID number: \_\_\_\_\_ If not, would you like one implanted today?  Yes  No  
 When was the last time your pet had his/her teeth cleaned? \_\_\_\_\_  
 Would you like the Doctor to give you an estimate for a dental cleaning procedure?  Yes  No

**REASON FOR EXAMINATION:** \_\_\_\_\_

How long have the symptoms been present? \_\_\_\_\_  
 Has the problem been getting worse, better or not changing? \_\_\_\_\_  
 Are any other pets in the house ill?  No other pets  No, other pets are O.K.  Yes: (Explain)

Has your pet recently exhibited any of the following signs? (Please check the box and explain below)

- |                                   |  |                                     |                                    |   |  |
|-----------------------------------|--|-------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea      | <input type="checkbox"/> Coughing   | <input type="checkbox"/> Sneezing  | <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Weakness                  |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Weight Change | <input type="checkbox"/> Scratching | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Lameness             | <input type="checkbox"/> Change in Thirst or Urine |

**Thank you for completing this form. We will create your pet's medical history chart in our computer and the doctor will be with you shortly.**