

Medical Information

Has your pet had any of the following in the past 30 days? (check all that apply)

- Fleas Ticks Mange Diarrhea Ringworm Hot Spot
- Fever Coughing Conjunctivitis Intestinal Parasites
- Blood in Stool Blood in Urine Discharge from Nose Skin Rash

Other (please describe) _____

Method of Heartworm Prevention: _____ **Last Dose:** _____

Method of Flea & Tick Prevention: _____ **Last Dose:** _____

Is your pet currently taking any medications, besides Heartworm and/or Flea & Tick Preventatives?

No _____ If yes, please list what medication(s) and what they are for: _____

Does your pet have any food allergies?

No _____ If yes, please list: _____

Does your pet have any environmental allergies?

No _____ If yes, please list: _____

Does your pet have any special needs, medical issues, or restrictions on activity that we should be aware of?

No _____ If yes, please list: _____

Printed Name: _____

Signature: _____ Date: _____