



Welcome to All Pet Care Hospital

Patient Information

ID: _____

Please tell us about your pet

Pet's Name: _____

Please circle:

Breed: _____

Canine(dog) Feline(cat) Other _____

Date of Birth? _____

Gender: M or F Spayed (Female) or neutered (Male)?

Color/unique markings: _____

Microchip: Yes/No: _____

Medical History

Please provide a copy of any medical records including vaccinations.

Previous hospital: _____
number: _____

Dr. _____ Phone

Has your pet needed a muzzle at the vets? ____ Medication delivery preference (pills, liquid, topical, inj).

Prior Surgeries? _____

Known Drug Allergies? _____

Prior Illnesses? _____

Special Diet? _____

Lifestyle choices Please check all that apply or interest you:

Wildlife in yard

My pet swims

My pet goes to a groomer

Pet catches wildlife

My pet has had ticks

My pet boards

Homeopathic Treatment

I travel with my pet

We go camping

Natural or organic food

My pet eats grass/rocks etc.

We have a child/children too

Tooth brushing: Daily Weekly Sometimes Are you nuts?

Is there anything else unique we need to know about your pet? _____