

Community Animal Hospital, P.C.

269 Titusville Road

Poughkeepsie, NY 12603

Client name: _____ Pet name: _____ Date: _____

Please read carefully and sign

Please list medications or supplements your pet is currently on and when they were last given.

What is the reason for us seeing your pet today? Include how long the problem has been going on for.

Have you noticed any coughing, sneezing, vomiting or diarrhea? _____
If so, describe duration and frequency:

Describe your pet's diet:

Brand _____ canned or dry _____

How much do you feed? _____ how often? _____

When was the last time your pet received flea and tick medication? _____

Heartworm preventative (dog only) _____

Signature of owner or qualified agent representing the owner