



## Welcome To Our Practice

Thank you for giving us this opportunity to care for your pet(s). We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please fill out this form completely and bring with you 15 minutes prior to your appointment time. To expedite your check-in process, please fax this form to (513) 874-4869 in addition to bringing this original form to your appointment.

### Patient Information-Canine

Dog's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Altered? \_\_\_\_\_

Color \_\_\_\_\_

Markings \_\_\_\_\_

### Medical Information

Date of last vaccines \_\_\_\_\_

Type \_\_\_\_\_

Date of last vaccines \_\_\_\_\_

Type \_\_\_\_\_

Date of last vaccines \_\_\_\_\_

Type \_\_\_\_\_

Date of last stool sample \_\_\_\_\_

Results \_\_\_\_\_

Date of last de-worming \_\_\_\_\_

Medication \_\_\_\_\_

Date of last heartworm test \_\_\_\_\_

Results \_\_\_\_\_

Is your dog on heartworm prevention? \_\_\_\_\_

Type \_\_\_\_\_

Is your dog on flea/tick prevention? \_\_\_\_\_

Type \_\_\_\_\_

What do you feed your dog? \_\_\_\_\_

How often? \_\_\_\_\_

Please list any medications, including over the counter medications or supplements, that your dog is currently taking \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

Telephone \_\_\_\_\_