

# WELCOME

Best Friends Vet Care

## Canine Patient Information Form

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ How long have you owned your pet: \_\_\_\_\_

Date of last vaccinations:

Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_ Parvo: \_\_\_\_\_ Lepto: \_\_\_\_\_

Bordetella: \_\_\_\_\_ Other: \_\_\_\_\_ Heartworm Test: \_\_\_\_\_

Microchip ID: \_\_\_\_\_

Current Flea/Heartworm Prevention: \_\_\_\_\_

Is your pet on a special diet or medications?

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Has your pet had any previous medical diagnosis we should be aware of?

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Are any of the following a concern to you in regards to your pet's health/behavior?

\_\_\_\_ Excessive Scratching \_\_\_\_ Scooting on bottom \_\_\_\_ Smell  
\_\_\_\_ Biting \_\_\_\_ Housebreaking \_\_\_\_ Unable to control urination or bowel  
\_\_\_\_ Shedding \_\_\_\_ Excessive Barking \_\_\_\_ Skin Problems  
\_\_\_\_ Problems around children

How did you become aware of our clinic?

\_\_\_\_ Yellow Pages \_\_\_\_ Clinic Sign \_\_\_\_ Internet

Personal Recommendation \_\_\_\_\_