



Animal Information

Name _____ Sex: M F N (neutered or spayed)

Birthday _____ or Age _____

Breed _____ Color _____

What is your reason for bringing your pet to WHAH today? _____

Does your pet have any known drug allergies? _____
If so please list: _____

Is your pet on any medication? _____ please list: _____

When was your pet last checked for intestinal worms or heartworms? _____

What do you feed your pet? _____

Does your pet have bad breath? _____

Does your pet have a bad odor from it's ears? _____

Does your pet have any skin irritation or suspicious lumps/bumps that need to be examined? _____

What type of flea control do you use? _____

What type of heartworm prevention do you use? _____

Does your pet exhibit any type of abnormal behavior such as scooting, excessive scratching, coughing, vomiting or diarrhea? _____

Does your pet exhibit any signs of arthritis such as trouble climbing stairs, difficulty walking or rising, or limping? _____

Does your pet need it's nails trimmed? _____

Do you routinely clean your pet's teeth or ears? _____

Are there any other problems or questions that you would like to discuss with the Veterinarian at this time? _____

