Client Name:_____
Today's Date:_____

WELCOME TO ALL CREATURES ANIMAL CLINIC, LTD.

Thank you for entrusting your companion to our care.

PET INFORMATION

Name of Pet:_____ Dog☐ Cat☐ Other☐ Lives: Indoor☐ Outdoor☐

Sex: Male☐ Female☐ Neutered☐ Spayed☐ Pet's Birthdate or Approximate Age:_____

Breed:_____ Color:_____ Tattoo/Microchip ID #:_____

At what age was pet obtained:_____ Obtained from: Breeder☐ Shelter☐ Individual☐ Stray☐

Reason for obtaining pet: Companion☐ Breeding☐ Protection☐ Hunting☐

Pet's Diet:_____ Current Medications:_____

Will your pet be boarded? Yes☐ No☐ Will your pet be around other animals? Yes☐ No☐

The reason for today's visit:_____

Please check any symptoms or problems you've noticed with your pet:

☐Appetite Loss	☐Depression	☐Limping	☐Thirst Increased
☐Bad Breath	☐Diarrhea	☐Loss of Balance	☐Urination Increased
☐Behavioral Changes	☐Eye Problems	☐Scooting	☐Vomiting
☐Breathing Problems	☐Gagging	☐Scratching	☐Weakness
☐Coughing	☐Gums Bleeding	☐Shaking Head	☐Weight gain or loss
☐Dental Problems	☐Hair Loss	☐Sneezing	☐Fleas, ticks

PET HISTORY

Please list approximate date of last vaccination and/or procedure:

Canine **Date**

☐Parvo/Distemper Vaccination_____
☐Rabies Vaccination_____
☐Bordetella Vaccination_____
☐Lyme's Vaccination_____
☐Heartworm Testing_____
☐Heartworm Preventative_____
  ☐Heartgard
  ☐Interceptor
☐Dental Cleaning_____
☐Prior Illness_____
☐Prior Surgery_____
☐Flea/Tick Control_____
☐Internal Parasite Control_____

Feline **Date**

☐FVRCP Vaccination_____
☐Feline Leukemia Vaccination_____
☐Rabies Vaccination_____
☐FIV Vaccination_____
☐Feline Leukemia Test_____
☐FIP Test_____
☐Dental Cleaning_____
☐Prior Illness_____
☐Prior Surgery_____
☐Flea/Tick Control_____
☐Internal Parasite Control_____