

BVC Patient Information sheet



Burlington Veterinary Center New Patient Information

It is important for us to have a complete medical history on your pet.
Please fill out the following to the best of your knowledge.

Pets Name : _____ Date of Birth (or approximate age): _____

Sex: Male Neutered Male Female Spayed Female

Species: Canine Feline Breed: _____

Color/Markings: _____

Identification: Microchip: (brand & #) _____ Tattoo: (location/#) _____

How long have you had your pet? _____

Acquired from: Breeder Shelter/Rescue Friend/neighbor Pet Store Stray

Does your Pet participate in any of the following?

Grooming Boarding Dog Parks Daycare Show Agility Breeding

For Felines only: Strictly Indoors Indoor/Outdoor Declawed: No Yes

When was the last time your pet has visited a veterinarian? _____

Do we have permission to contact previous Veterinary Hospital(s) in regards to your pet's medical history? Yes

Name of Hospital/Veterinarian(s): _____

No, I prefer that you do not contact them

Any surgeries or medical conditions your pet has been treated for in the past? Please list below:

Please list any medication, vitamins, heartworm or flea/tick prevention your pet is taking:

Has your pet ever had any seizures? No Yes: when and how often? _____

Is your pet allergic to anything that you are aware of? Please list below

Medications: _____

Food: _____

Other: _____

Feeding: What brand? _____ How much? _____ How often? _____

Please list any concerns you may have about your pet or any additional information that may be important to your pets health care :

Owner's Signature: _____ Date: _____

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