



912 W. Williams St.
Apex, NC 27502
(919) 267-9315

Patient Information Sheet

Welcome to our practice!

Your Pet's Name _____ Nicknames? _____

Your Pet's Birthdate (if known) _____ Age: _____

Species (please circle) DOG CAT

Breed: _____ Mixed? (please circle) YES NO

Color(s)/Marking(s): _____

Gender (please circle) MALE FEMALE UNKNOWN

Spayed/Neutered? (please circle) YES NO UNKNOWN

Is your pet Microchipped? (please circle) YES NO UNKNOWN

Where does this pet live? (please circle) INDOORS IN/OUT OUTDOORS ONLY

Has your pet ever received a vaccine? (please circle) YES NO UNKNOWN

If YES, please indicate name of clinic or shelter/rescue: _____

Please list any of your pet's **allergies, medical problems** or **surgeries** we should know about:

Is there any other information we should know about your pet? For example, is a muzzle usually needed to trim the toenails?

Please list any medications (including supplements) you give your pet:

Do you have any other pets in the house? If yes, please list number of pets and species:

We will take photographs of your pet for his/her medical record. Do you authorize us to use this photo (anonymously) on Facebook/social media? (please circle) YES NO

Thank you!