

CANINE INFORMATION

Fill out one per dog, please.

Name of Pet _____

Date of birth or Estimated Age _____

Breed _____

Sex Male Female Male Neutered Female Spayed Unknown

Color _____

Does your dog have a microchip: YES or NO

Length of Time owned _____

Does your dog travel out of Butte? _____

Known Food or Drug Allergies _____

Previous Medical Conditions _____

Previous Surgeries – Date and Type _____

Long Term Medication(s)
Drug and Dosage _____

Additional concerns or information _____

Would you like us to request records for this pet from another veterinary facility? Yes or No

Name of Hospital: _____

My dog is aggressive toward:

Other animals: _____ yes _____no

Other people: _____ yes _____no

Doctor Preference:

Dr. Cindi Costin Dr. Kathleen McCarthy Dr. Anna Odash No Doctor Preference

How much information do you want to be given about your pet's health?

_____ I want a full explanation – anything and everything.

_____ I want a brief explanation – just the important stuff.

_____ I just want to know if there's anything I need to do – keep it simple.