



Companion Care Veterinary Hospital

RANCHO BERNARDO

"...when it's not just a pet, but a companion"

CANINE

Pet's Name: _____ Owner's Last Name: _____

Sex: Female Male Spay/Neuter: Yes No

Breed: _____ Color: _____ Birthdate: _____

Has your pet seen a veterinarian before? If so, who? _____

Previous Clinic: _____ Date Last Examined: _____

Length of Ownership: _____ Where Acquired: _____

Type of Diet: _____ Type of Flea/ Tick Treatment: _____

Allergies: _____

Previous medical problems: _____

Vaccine and Test Information:

<u>Vaccine</u>	<u>Date Given</u>	<u>Lab Test</u>	<u>Date Tested</u>	<u>Ongoing problems</u>
Distemper	_____	Fecal	_____	smelborP laroivaheB ف
Parvovirus	_____	HWAT	_____	/gnitiB fo yrotsiH فAggression
Coronavirus	_____			smelborP gnihtraerB ف
Bordatella	_____			_____ rehtO ف
Rabies	_____			
Leptospirosis	_____	Microchip Number:	_____	

If your pet is currently on medication, please state diagnosis and the name of medication:
