

**Pet Information Sheet**

Veterinarian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_

**Pet Information**

Pet's Name \_\_\_\_\_ Age \_\_\_\_\_ Canine; Feline; Other \_\_\_\_\_

Breed (s) \_\_\_\_\_ Color (s) \_\_\_\_\_ Male Female

Neutered/Spayed Yes No

Vaccinated/Titer tested Yes No

Heartworm Prevention Yes No

Flea Prevention Yes No

Drug Allergies Yes No

Other Allergies Yes No

*If yes, list allergens*

\_\_\_\_\_  
\_\_\_\_\_

**Pre-existing Conditions:**

List Condition Date Diagnosed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pet's current medications:**

Medication Dosage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet take vitamins/supplements or herbs? Yes No

If yes, list \_\_\_\_\_

Is he/she on a special special diets Yes No

If yes, list \_\_\_\_\_

Please list any information that may help us treat your pet during an emergency:

\_\_\_\_\_  
\_\_\_\_\_

**Alternate Emergency contact:**

In the event that I am ill or otherwise unavailable, please contact one of the following (spouse, nearest relative, neighbor or friend) to approve of care for my pet(s).

Name Phone Relationship

\_\_\_\_\_  
\_\_\_\_\_