
DATE

FERGUSON ANIMAL HOSPITAL NEW PET INFORMATION

OWNERS LAST NAME

CHART/COMPUTER #

ALERT

PET INFORMATION

Name _____ Age/DOB _____
 Species CANINE FELINE please circle
 Breed _____ Color _____
 Sex MALE NEUTERED FEMALE SPAYED please circle
 Where did you get this pet? _____
 When did you get this pet? _____
 Is this pet INDOOR OUTDOOR BOTH please circle

VACCINE HISTORY

Has this pet had any vaccines in the last 12 months? _____
 If yes which ones and date given circle all that apply
 RABIES CANINE DISTEMPER BORDATELLA
 FELINE DISTEMPER FELINE LEUKEMIA
 Other _____
 Date _____ Where did you get them? _____

MEDICAL INFORMATION

Does this pet have any known allergies or reactions
 If yes please list _____
 Does this pet have any known medical conditions? _____
 If yes please list _____
 DIAGNOSIS _____
 NAME OF DR THAT DIAGNOSED _____
 DATE OF DIAGNOSIS _____
 Is this pet currently taking any prescription medications or over the counter supplements? If yes please list them below.

RX/SUPPLEMENT	DOSAGE	HOW OFTEN
_____	_____	_____
_____	_____	_____

Has this pet had a stool sample checked in the last 12 months?
 YES NO DON'T KNOW please circle
 If yes what were results? _____
 Treatment? _____
 Has this pet had a heartworm test in the last 12 months?
 YES NO DON'T KNOW please circle
 If yes what were results? NEGATIVE POSITIVE please circle
 Treatment? _____
 Is this pet on a monthly heartworm/flea preventative? _____
 Brand _____
 Where do you purchase it? _____

BEHAVIOR

Does this pet have any behavior issues? Please circle all that apply and explain.

CHEWING _____
 URINATING/DEFECATING IN HOUSE _____
 EXCESSIVE BARKING _____
AGGRESSION
 TOWARD OTHER ANIMALS _____
 TOWARD PEOPLE/CHILDREN _____
 WHEN EATING _____
 OTHER _____

Is there anything else you would like us to know about this pet? _____

