

VALRICO ANIMAL CLINIC
PET INFORMATION AND HEALTH HISTORY

Clients Name _____ Cell phone number _____

Secondary phone number _____ Email address _____

Pets Name _____ Date of Birth (or approximate age) _____

Type of animal: Dog Cat Bird other _____

Breed _____ Color _____

Is your pet microchipped? No Yes Microchip # if known _____

Sex: Male Neutered Female Spayed Undetermined

Please list any previous medical problems or surgical procedures your pet has experienced:

_____ Date _____
_____ Date _____
_____ Date _____
_____ Date _____

Current Medical Problems or Concerns _____

Your pets experience at our office is very important to us. Does your pet have any anxiety, behavioral or aggression issues we should be aware of? No Yes Please describe: _____

Please list any medications or supplements your pet is currently taking, along with the frequency you give them. _____

What do you feed your pet? Please include brand name of commercial pet food, any human food given and type of treats fed. _____

Is your pet current on its vaccinations? Yes No ***Proof of vaccination (even if your pet is overdue) is required.***

Pets that use our boarding or grooming services exclusively will need to provide current vaccine records before an appointment or reservation can be scheduled.

You may have your pets medical records and vaccination history emailed to vac.reception@gmail.com, faxed to 813-662-0634 or you may bring them with you to your scheduled appointment.