

Patient Vaccine Form

Print out this form and fill it out at your convenience, then bring it with you to your pet's next appointment. This will help us guide you in making appropriate decisions about your pet's vaccinations.

Date:

Your name:

Address:

Pet name: **Pet age:**

Breed: **Spayed/Neutered: Y N**

Other pets in household (please list):

Do you travel out of the area with your pet? **Where?** _____

Y N

Do you take your pet(s) on hikes or camping? **Where?** _____

Y N

Is your pet on heartworm medication? **Which one?** _____

Y N

Is your pet on flea/tick preventative? **Which one?** _____

Y N

Have you ever pulled a tick off of your pet?

Does your pet have any exposure to wildlife (squirrels, mice, birds, raccoons, possums, etc.)?

Is your pet exposed to social environments (doggie daycare, boarding facilities, dog parks, grooming)?

CAT OWNERS

Is your cat an indoor cat (meaning they do NOT go outside, not even on the patio)?

Y N

If your cat goes outside, do they get into cat fights?

Y N