



## CAT AND DOG QUESTIONNAIRE

Thank you for giving us the opportunity to care for your pet(s). In order to help us better understand your pet(s) background, and to communicate with you to the best of our ability, please fill out this form as completely as possible.

Pet's Name	Male Female Neutered or Spayed	Age Birthdate (or best guess)	Breed or Cats: short hair medium hair long hair	Color(s)	Species (Dog or Cat)	Microchip Number

➤ Your pet's most recent vaccinations were given by: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Previously diagnosed condition \_\_\_\_\_

Other health concerns \_\_\_\_\_

Is your pet on any medications and/or supplements at the present time? \_\_\_\_\_

If so what: \_\_\_\_\_

➤ What brand of food do you feed your pet(s) \_\_\_\_\_

➤ Pet(s) are usually:            \_\_\_ Indoors                            \_\_\_ Outdoors            \_\_\_ Both

➤ Do you consider your pet(s):   \_\_\_ Part of the family            \_\_\_ Just pets            \_\_\_ Somewhere in Between

*To prevent the spread of infectious disease and parasites, all hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites.*

I authorize Animal Medical Center to provide an examination, vaccines and parasite control, as needed for my pet(s), when hospitalized or boarded.

Signed \_\_\_\_\_