Welcome to North Kipling Vet Hospital

northkipling VETERINARY HOSPITAL

About you:

Name: _____ Spouse/Partner with medical Consent: _____

Address: _____ City, state postal: _____

Best way to contact you during the day: ☐ Text ☐ Phone ☐ Email Cell phone: _____

Residence Phone: _____ Business Phone: _____ Email: _____

Emergency Contact Info:

Name: _____ Address (if different than Owner): _____

Alternate Phone: _____

Getting to know your Pet

Name: _____ Species: Canine ☐ Feline ☐ Other: _____

Gender: Female ☐ Male ☐ Birth date: _____ Breed: _____

Spay/Neuter: Yes ☐ No ☐ Colour: _____ Markings: _____ Microchip #: _____

Previous Veterinarian: _____

Current medications: _____ Pet Insurance: _____ Allergies: _____

Past or present medical conditions: _____

Reason for visit: _____ Other concerns: _____

What other pets in household: _____ Any change in appetite: _____

Current diet: _____ How much/ How often: _____

Treats or human food: _____ Any changes in thirst: _____

Any coughing/sneezing: _____ Any vomiting/ diarrhea: _____

Any limping/difficulty jumping: _____ Any changes in energy/behavior: _____

Any accidents: _____ Old or new lumps or bumps: _____

Please circle the answer that best applies to you:

Dogs:

Leash walks/off leash/yard/ _____x day

_____

Current Heartworm medication Flea/tick medication

_____

Any problems, behaviors or other issues or Concerns _____

Cats:

Goes outside/ Indoor only

_____

How many litter boxes:

_____

Current flea/ tick medication

_____

_____ _____

Signature Date