

**PENINSULA SPCA VETERINARY CLINIC**  
**PREVENTIVE HEALTH CARE CLINIC**  
**ANIMAL PATIENT INFORMATION SHEET**



**CLIENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ANIMAL NAME:** \_\_\_\_\_

**SPECIES:** DOG      CAT

**SEX:** MALE      MALE NEUTERED      FEMALE      FEMALE SPAYED

If unspayed, is your female pregnant?    Yes      No      Unsure

**BREED:** \_\_\_\_\_

**COLOR:** \_\_\_\_\_

**AGE/DOB:** \_\_\_\_\_

**PET HISTORY:**

**Is your pet in good health today?**      Yes      No      If no, please explain:  
\_\_\_\_\_

**Have you noted any vomiting, coughing, or diarrhea?**    Yes      No      If yes, please explain:  
\_\_\_\_\_

**Has your pet ever had a seizure?**      Yes      No      If yes, please explain:  
\_\_\_\_\_

**Does your pet have any history of health problems?**    Yes      No      If yes, please explain:  
\_\_\_\_\_

**Is your pet currently on any medication?**      Yes      No      If yes, please explain:  
\_\_\_\_\_

**Has your pet been vaccinated before?**      Yes      No      Type and Date of last vaccines:  
\_\_\_\_\_

**Is your pet allergic to any medications, or had a vaccine reaction?**    Yes      No      If yes, please explain:  
\_\_\_\_\_

**Is your pet currently on flea/tick prevention?**      Yes      No      If yes, what product \_\_\_\_\_

**Is your pet currently on heartworm prevention?**      Yes      No      If yes, what product \_\_\_\_\_

**Has your pet bitten anyone in the past 10 days?**      Yes      No      if yes, does your pet have a current Rabies  
vaccination? \_\_\_\_\_

**Is your cat indoor, outdoor or both?**      In      Out      Both      N/A

**PAYMENT IS DUE IN FULL AT TIME OF SERVICES.**

**SIGNATURE:** \_\_\_\_\_