



Animal Medical Center of North Ottawa

We're excited to know more about your pet! (please do tell us!)

Every pet has different health needs. Please answer the following questions so we may determine your pet's needs, make suggestions to improve the quality of your pet's life, and assess your pet's risk level in many different areas.

Pet Information

Pet's Name \_\_\_\_\_

Form with checkboxes for Dog/Cat/Other, Intact/Neutered/Spayed, and fields for Breed, Color, Date of Birth.

When did your pet have it's last vaccinations: \_\_\_\_\_

If you know which vaccines were given, please circle them:

Dogs: Rabies Distemper Kennel Cough Lyme

Cats: Rabies Distemper Feline Leukemia FIV

Does your pet have any prior illnesses or injuries we should know about?

If yes, please describe \_\_\_\_\_

Have you medicated your pet recently? (including over the counter drugs)

If yes, state medications \_\_\_\_\_

Where did you get your pet from? \_\_\_\_\_ How long have you owned your pet? \_\_\_\_\_ years months (circle one)

On average, how many hours a day is your pet outside? \_\_\_\_\_ How often do you bath your pet? Every \_\_\_\_\_ weeks months (circle one)

What brand food does your pet eat? \_\_\_\_\_ canned dry Where does your pet sleep? Indoors Outdoors (circle one)

Dogs: When was your dog last tested for heartworms? \_\_\_\_\_

Cats: Has your cat ever been tested for Feline Leukemia and Feline AIDS? [ ] No [ ] Yes If so, when? \_\_\_\_\_

Grid of questions with checkboxes for pet care, allergies, and microchips.

Please check any of the following that are a problem:

Grid of checkboxes for various pet health and behavior problems.

Please list any other concerns or questions you may have that we can answer for you.

Blank lines for additional concerns or questions.