

Pet Information Form

Today's Date: _____

Owner's Name: _____ Phone Number: _____

Pet's Name: _____

Sex: Male / Female Is your pet spayed or neutered? Yes No

Birth Date (approx): _____ or Age: _____ (approx)

Breed: _____ Color: _____

Name of previous doctor/clinic: _____

Approx. date of last vaccinations (mo/yr): _____

Vaccinations received (please circle all appropriate):

Dogs: Rabies Distemper Parvo Corona Bordetella (Kennel cough)

 Leptospirosis Influenza(H3N8) Influenza(H3N2) Other _____

Cats: Rabies Distemper(FVRCP) Leukemia (FeLV) VS-Calici FIV

Ferrets: Rabies Distemper

Is your pet on heartworm preventative? Yes No

What kind? Interceptor Sentinel Trifexis Heartgard Other: _____

Date of last heartworm test(approx): _____ Date of last fecal exam: _____

Other important medical history (allergies, diseases, surgery, etc.): _____

Does your pet have a microchip? Yes No Number: _____

Other pets in household? Name: _____ Species: _____

 Name: _____ Species: _____

 Name: _____ Species: _____

 Name: _____ Species: _____

We will not start records on these other animals from this list. It is simply to help us keep families of pets together. If you would like us to start medical records on your other pets, please fill out a sheet on each. If you have the vaccination dates, we can remind you when they are due.

I do hereby give Creekside Animal Hospital permission to obtain copies of my pet's medical records.

_____ (Signature)

Pet Photo Release

Client Name: _____

Pets' Name(s): _____

I grant to **Creekside Animal Hospital**, its representatives and employees, the right to take photographs of my pet(s), and to copyright, use and publish the same in print and/or electronically. I agree that **Creekside Animal Hospital** may use such photographs of my pet(s) with or without their name, or mine, and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Accept: Signature: _____

Print name: _____

Decline: Signature: _____

Print name: _____