



New Puppy/Kitten Medical History

Your Full Name: *

First Name Last Name

Pet's Name: *

What food is your pet currently eating? *

Brand, life stage, canned/kibble, measured meals or free choice

How much exercise does your pet get each day?

If your pet is a feline, are they:

Indoor only

Indoor mostly. They may get out on occasion.

Indoor and outdoor

Outdoor mostly

Describe your pet's house training/litter training progress: *

Has your pet had any previous vaccines and deworming? If yes, please list what was given and when: *

Is your pet on flea and tick prevention? *

Yes

No

No. I would love to get some prevention at this visit!

If your pet is on flea and tick prevention, please list which product you are using:

eg. Advantix, Credelio, Bravecto, etc.

Is your pet crate training?

Yes

No

Please describe your pets overall behaviour, and training. Are you able to handle their feet? Brush them? etc.

Is your pet microchipped?

Yes

No

No, but I would be interested

Are there any concerns you would like to address regarding your pet? *

Are there any questions you would like answered or is there anything you would like additional information on? *

Do you have pet insurance?

Yes

No. I would love more information!

No. Please sign us up for a free trial!

No. Not interested. Thanks for asking!

If you answered yes to having pet insurance, please tell us your provider:

