



Welcome to Candlin Pet Hospital.

Please fill this out as much as possible before coming in for your appointment. Thank You.

YOUR INFORMATION

Owners Names _____ Spouse/Other: _____

Address: _____ City: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ email address _____

YOUR PET'S INFORMATION

Pet's Name: _____ Circle one: Dog Cat Other Breed: _____

Birth Date: _____ Circle one Male Female Male Neutered Female Spayed

Reason for visit: _____

Is your pet on any medications or supplements? No Yes (if yes, please specify medications and reasons for those medications):

What is the name of the food that you give your pet?

Please list dates of vaccinations, if known:

Dog

DHPP _____

Rabies _____

Bordetella _____

Leptospirosis _____

Lyme _____

Heartworm test _____

Cat

FVCRP _____

Rabies _____

Feline Leukemia _____

How much information do you want to be given about your pet's health?

- I want a full explanation – everything/anything
- I want a brief explanation – just important stuff
- I just want to know if there's anything I need to do – keep it simple.