# MESQUITE VETERINARY CLINIC
# NEW PET INFORMATION

Please take a few moments to answer these questions regarding your pet. The answers provided will help us to provide you and your pet with the highest quality medical services.

## CLIENT INFORMATION:

**Mrs. Ms. Mr. Dr.** _____ **Phone #:** _____
(Circle) (Last Name) (First Name) (MI)

## PET INFORMATION:

**Name:** _____ **Species:** (Circle) Canine Feline Avian Other: _____

**Breed:** _____ **DOB:** _____ **Color:** _____ **Sex:** (Circle) Male Neutered Female Spayed

At what age did you obtain your pet? _____ At what age was your pet sterilized? _____

Has your pet had any history of serious disease, surgery or other medical treatment? _____

Has your pet had any adverse reactions to vaccinations or drugs? _____

Is your pet currently taking any medication? (Please specify drug name, amount and frequency) _____

When was your pet last vaccinated against the following diseases?

DOGS: _____ DHLP _____ Parvovirus _____ Coronavirus _____ Bordetella _____ Rabies

CATS: _____ FVRCP _____ Pneumonitis _____ Leukemia _____ Rabies

If it is medically appropriate, would you like us to vaccinate your pet today? ❑ YES ❑ NO

Has your pet had a stool exam for parasites within the last 12 months? ❑ YES ❑ NO

Has your dog been tested for heart worm disease within the last 12 months? ❑ YES ❑ NO

Has your cat ever been tested for Feline Leukemia? ❑ YES ❑ NO

## REASON FOR EXAMINATION: _____

How long have the symptoms been present? _____

Has the problem been getting worse, better, or not changing? _____

Are any other pets in the house ill? ❑ No other pets ❑ No, other pets are O.K. ❑ Yes (explain)

Has your pet recently exhibited any of the following signs? (Please check the box and explain below.)

❑ Vomiting ❑ Diarrhea ❑ Coughing ❑ Sneezing ❑ Difficulty breathing ❑ Foul Odor

❑ Change in Urine ❑ Weight change ❑ Scratching ❑ Hair Loss ❑ Change in Thirst ❑ Lameness