



LUNSFORD VETERINARY CARE CENTER

222 Fiori St • Springdale, AR 72762

Lunsford Veterinary Care Center Patient Information Form

Name of pet: _____

Age: _____ Date of Birth: _____

Breed: _____ Color: _____

- Cat Dog Other _____
 Male Female Spayed / Neutered

How long have you had your pet? _____

Purpose of this visit? _____

Check any of the following, if present:

- Loss of appetite Diarrhea Vomiting Lameness
 Scratching Sneezing Coughing Loss of energy
 Weight loss Behavioral Problems please list _____

Medical & Behavioral History

Previous veterinarian, if any: _____

List existing or previous medical conditions: _____

List any current medications being given to the above pet: _____

Diet

What is offered and what is eaten (include brand names, amount fed, and frequency of feeding)?

Family setting

- Is pet housed... inside outside alone with others
Is pet on heartworm preventative? yes no
Is pet on flea & tick control? yes no
Is your pet current on vaccinations? yes no unsure

Owner Name: _____

Date: _____