



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:

Appetite Loss Diarrhea Vomiting Lameness
Scratching Sneezing Coughing Loss of Energy
Weight Loss Behavioral Issues 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 pet current on vaccination? Yes No Unsure

Owner Name: _____

Date: _____