

**Pet's Information:**

Pet's Name: \_\_\_\_\_

Pet's Date of Birth or Estimated Age \_\_\_\_\_

Species:

Dog  Cat  Rabbit  Ferret  Guinea Pig  Rodent: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Sex:  Male  Female  Neutered male  Spayed female  Unknown

Is your pet on the following? If so, which medication?

Heartworm prevention  yes  no \_\_\_\_\_

Flea prevention  yes  no \_\_\_\_\_

Any other medications (prescribed or OTC)? \_\_\_\_\_

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