

Animal Protection League

*PET OWNER: COMPLETE ALL INFORMATION IN **BOLD** LETTERS.
YOUR PET **CANNOT** BE SEEN UNTIL THIS FORM IS COMPLETED.*

If you have concerns about your pet's health, we suggest you take your pet to your local, private practice veterinarian for blood work and a health evaluation

Date: _____

Circle one: Dog Cat

Owner Name: _____

Sex: Female Male

Pet Name: _____

Age: _____

Reason for visit today: _____

Has this pet shown any signs of illness in the past 2 weeks? Yes No

Does this pet have any chronic illness or is this pet currently being treated for any conditions? Yes No

If yes, please list: _____

Is this pet coughing, sneezing, lethargic, or having diarrhea? Yes No

Has this pet had any significant weight gain or weight loss? Yes No

Has this pet EVER had a seizure? Yes No Has this pet EVER had a reaction to vaccines? Yes No

Could this pet be pregnant? Yes No Is this pet currently nursing puppies/kittens? Yes No

Is pet on flea prevention? Yes No Is pet currently on Heartworm prevention? Yes No

Any other information regarding your pet that we should know about? _____

For veterinarian use only:

Weight _____ Temp _____

Patient appears healthy for surgery Yes No

Dr's Notes: