

# 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: \_\_\_\_\_

How did you hear about us (circle one)? Repeat Client Friend Radio Flyer Newspaper Other \_\_\_\_\_

## OWNER INFORMATION

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PET INFORMATION

Name: \_\_\_\_\_

Circle one: Dog Cat / Male Female

Is pet spayed or neutered? Yes No

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

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? \_\_\_\_\_

Technician's notes:  
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For veterinarian use only:

Weight \_\_\_\_\_ Temp \_\_\_\_\_

Patient appears healthy for vaccinations  Yes  No

Dr's Notes: