



Welcome to Corinth Veterinary Clinic

Client's Name:		Pet's Name:	
Pet's Date of Birth:	Species:	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Date:	Breed:	Color:	Spayed/Neutered? <input type="checkbox"/>

Please check the appropriate box for your pet's lifestyle. We will use this information to create an appropriate vaccination program for your pet.

Where does your pet spend its time?

- Indoors only Indoors sometimes and outdoors sometimes Outdoors only

What are the approximate dates of your pet's most recent vaccinations and tests?

VACCINE	DATE
RABIES	_____
DISTEMPER COMBO	_____
BORDETELLA	_____
PORPHYROMONAS	_____
FVRCP	_____
FELV	_____
FIV	_____
FIP	_____
_____	_____
_____	_____

TEST	DATE
Heartworm	_____
Internal Parasite Exam	_____
Feline Leukemia/FIV	_____
Other	_____
_____	_____
_____	_____

Is your pet on heartworm prevention? YES NO Brand? _____

Is your pet on flea prevention? YES NO Brand? _____

What does your pet eat? _____

Where did your pet come from? (Stray, shelter, breeder, rescue, private home, etc.) _____

How often does your pet board or go to a groomer? _____

Do you walk your pet or go to dog parks? _____ Is your pet exposed to wildlife? _____

Are there other pets in your home? _____ What kind? _____

Is there any other information about your pet we should know?

(Previous illness or injury, medications, dietary needs)
