



*We Welcome you to
Laporte Animal Clinic!
Dr.s Marta and Andrew Dean*



DOG/CAT INFORMATION

(THANK YOU FOR YOUR PATIENCE IN FILLING OUT THIS FORM
IT WILL HELP US TO BETTER TREAT YOUR PET!!)

Animal's Name _____

Species (Dog or Cat) _____ Breed _____

Color _____ Age _____ Date of birth _____

Male or Female _____ Spayed or neutered? () Yes () No

Date of last vaccination:

Distemper _____ Rabies _____

Kennel Cough _____ Fel. Leukemia _____

Leptospirosis _____

Other (please specify) _____

Date of last stool sample and/or deworming _____

Wormer used _____

Does your dog or cat hunt or eat dead rodents or other animals? _____

Is your dog on heartworm preventative? If yes, which one _____ When did you give the last dose? _____

Date of last heartworm blood test _____

Has your pet ever lived in another state or country? If so, where and when? _____

Has your animal had any previous illnesses or ongoing problem? Please describe

Is your animal on any supplements (including herbal and natural) or prescription medications? If so which? _____

What brand and type (canned or dry) of food does your dog/cat eat? _____

How long has he/she been on this particular food? _____

If changed within last month or two, what was previous type of food? _____

How many cups of dry per day? _____ How many cans per day? _____

Fed () once or _____ times a day?

Previous surgeries (approximate dates) _____

Reason for your visit today _____

Does your pet live () indoors exclusively () in and out () outdoors exclusively

FOR OFFICE USE ONLY (Date and Initials of technician) _____

- HWT reminder (for April next year) Vaccine reminders (from vaccines given elsewhere) entered if needed
 Rabies cert. copied Vaccines written on top of chart

