

# Mukilteo Veterinary Hospital



## NEW CANINE PATIENT REGISTRATION FORM

Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Outdoor Only? Y / N

Gender: M / F Neutered/Spayed? Y / N Microchipped? Y / N Chip # \_\_\_\_\_

Breed or Breed Mix: \_\_\_\_\_ Color: \_\_\_\_\_

How did you acquire your pet? \_\_\_\_\_ When \_\_\_\_\_

Previous Veterinary Clinic:

\_\_\_\_\_

Do we have permission to request medical records? Y / N Please initial: \_\_\_\_\_

Are vaccinations up to date? Y / N When given? \_\_\_\_\_

List any chronic or recurring medical problems (e.g. arthritis, vomiting, diarrhea, cough, urinary tract problems, positive fecal testing, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any current medications, vitamins and/or supplements being given to your pet:

\_\_\_\_\_

Date of last flea control medication \_\_\_\_/\_\_\_\_/\_\_\_\_ Brand \_\_\_\_\_

What is your pet's regular diet (e.g. dry food, canned food, brand of food): \_\_\_\_\_

How much food do you give and how often: \_\_\_\_\_

Describe briefly lifestyle (e.g., active, dog parks, mostly indoors, goes to groomer, daycare, hunts...):

\_\_\_\_\_

Does your dog travel outside of Western WA? Y / N If so, where? \_\_\_\_\_

Owner name \_\_\_\_\_ Date \_\_\_\_\_