



(See other side for pet info)

Please Provide Information About Your Pet

Pets name: _____ Age/DOB _____

Circle one: Dog Cat Other: _____

Breed / Type: _____ Color/markings: _____

Circle one: Male Female Spayed/neutered? Yes No

If this is a new pet, where did you get it? _____

Goes Outside: _____ Never _____ Yard only _____ Roams free _____ Farm Dog/Cat

Visits: _____ Groomer _____ Dog Park _____ Boarding kennel _____ Other

Eats: (Brand of food: can / dry/ or both) _____

Date of last Vaccinations: _____ Please provide proof if possible

Existing medical problems: _____

Current Medications; _____

Special precautions we should take: _____

Has this pet ever bitten, or tried to bite: _____ A person? _____ Another animal? _____ Never

The staff at The Pleasant Valley Veterinary Clinic often take pictures of our patients. Your pet's pictures will be kept in their medical file, and sometimes we like to put pet pictures on our *Facebook* page.

___ I agree to allow my pet pictures on the Facebook of The Pleasant Valley Vet Clinic.

“Like” us on Facebook and keep up to date on all things animal related!

___ Please do *Not* publish my pictures on Facebook.

Signed: _____ Date: _____