

# CORAL GABLES ANIMAL HOSPITAL

4569 Ponce De Leon Blvd. Coral Gables, FL 33146

## Pet Information C A N I N E

Client ID \_\_\_\_\_  
(Office use)

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed

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

Distinguishing Marks (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (if unknown, please estimate): \_\_\_\_\_

### Date of last vaccines:

Distemper (DHLP) \_\_\_\_\_

Fecal: \_\_\_\_\_

Parvo \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Corona \_\_\_\_\_

Bordetella (kennel cough) \_\_\_\_\_

Lyme \_\_\_\_\_

Rabies \_\_\_\_\_

Previous vaccinations administered: \_\_\_\_\_

Animal Hospital Name

City, State

Is your dog on Heartworm Prevention? \_\_\_ yes \_\_\_ no if yes, brand? \_\_\_\_\_

On monthly flea/tick prevention? \_\_\_ yes \_\_\_ no if yes, brand? \_\_\_\_\_

History of ticks? \_\_\_ yes \_\_\_ no

Does your dog have a microchip? \_\_\_ yes \_\_\_ no Number \_\_\_\_\_

On any special diet? \_\_\_\_\_

Any major medical problems? \_\_\_\_\_

Any allergic reactions or drug sensitivities? \_\_\_\_\_