



Welcome!

10/20/2008

“We Treat Pets Like Family”

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PATIENT INFORMATION FORM

PATIENT IDENTIFICATION

CLIENT NAME: _____ DATE: _____
ANIMAL (CALL) NAME: _____ MALE FEMALE INTACT ALTERED
 DOG CAT RABBIT FERRET MOUSE/RAT GUINEA PIG OTHER: _____
BREED: _____ COLORS: _____
AGE OR DATE OF BIRTH: _____ WEIGHT: _____ LBS MICROCHIP/TATOO: _____
REGISTERED ANIMAL ONLY – NAME: _____
REGISTERED ANIMAL ONLY - REGISTERED WITH: AKC UKC OTHER: _____

PATIENT MEDICAL INFORMATION

DATE OF LAST VACCINES: _____ NOT KNOWN DATE OF LAST STOOL EXAM: _____ NOT KNOWN
MEDICATIONS: NONE YES (NAME/TYPE): _____
CHRONIC CONDITIONS: NONE YES (NAME/TYPE): _____
ALLERGIES: NONE KNOWN YES (KIND): _____
VACCINE REACTIONS: NONE KNOWN YES (WHICH VACCINES): _____
DRUG REACTIONS: NONE KNOWN YES (WHAT DRUGS): _____
PARASITE/FLEA/TICK CONTROL: NONE REVOLUTION SENTINEL ADVANTAGE ADVANTIX FRONTLINE FRONTLINE PLUS
 INTERCEPTOR HEARTGARD/HEARTGARD PLUS PROGRAM PROMERIS COMFORTIS
 OTHER: _____
CATS ONLY: FELV (+) FIV (+) INDOOR ONLY OUTDOOR ONLY INDOOR/OUTDOOR (MARK ALL THAT APPLY)
CATS ONLY: DATE OF LAST FELV/FIV TEST (CALLED A COMBO TEST): _____ UNKNOWN NOT DONE
CATS/DOGS: DATE OF LAST HEARTWORM TEST: _____ UNKNOWN NOT DONE

HOME ENVIRONMENT AND TRAVEL

HOME ENVIRONMENT: URBAN/CITY RURAL/COUNTRY OTHER: _____
TRAVEL: NEVER OCCASIONAL FREQUENT RECREATIONAL VEHICLE BOATING
AREAS: IN-STATE (NOTE AREAS): _____ OUT-STATE (NOTE STATE): _____ INTERNATIONAL (NOTE COUNTRY): _____
ACTIVITY: HOME PET SHOW/OBEDIENCE OUTDOOR (HIKING, ETC.) WORKING (TYPE): _____

NUTRITIONAL INFORMATION

DIET: CANNED (BRAND): _____ DRY (BRAND): _____
 RAW DIET HOMEMADE DIET SPECIAL/PRESCRIPTION DIET: _____
 OTHER (DESCRIBE): _____
TREATS: NONE YES (NAME/TYPE): _____
SUPPLEMENTS/VITAMINS: NONE YES (KIND/DOSAGE): _____

ADDITIONAL INFORMATION

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