



SAINT FRANCIS ANIMAL HOSPITAL

PET'S INFORMATION FORM:

Pet's Name: _____

Species: Canine Feline Other _____ Breed: _____

Color: _____ Birthday: _____ Age: _____

Sex: Male Female Spay/Neuter: Yes No

Weight: _____ (We will weigh your pet prior to exam)

Is your pet on Heartworm prevention on a monthly basis? Yes No

You must be able to show proof of valid vaccination records.

Date of last vaccinations: _____ Name of facility: _____

Any previous serious illnesses or surgeries? Yes No Unknown
If yes,

Any allergies to vaccinations or medications? Yes No Unknown
If yes,

Owner Signature: _____ Date: _____

For Office Use Only

Staff Receiving Form: _____ Date: _____ Pet Record ID Number: _____

- _____ Form Signed and Dated by Owner
- _____ Verified/Made Copy of Vaccine Records
- _____ Reminders Recorded in Computer Record
- _____ Verified Heartworm Preventative Compliance