

WOODLAND VETERINARY HOSPITAL

PET REGISTRATION

My Pet's Name is: _____ **My pet is a** Dog Cat Other

What is the breed of your pet? _____ **Color:** _____

My pet is a: Male Female **My pet has been spayed or neutered:** Yes No

My pet's birthday is (if unknown, an estimated age): _____

My pet was obtained from:

Private Breeder Humane Society Pet Shop Family/ Friend Stray/ Found

My pet has the following temperament (check all that applies):

Very gentle Overly friendly Timid Fearful Suspicious
Aggressive Known to bite

My pet presently spends about _____ **% of the time inside and** _____ **% outside**

What does your pet eat? _____

Is your pet currently on any medication? Yes No

If so, what medications? _____

Is your pet taking heartworm prevention? Yes No

If yes, please check one: Trifexis Heartgard Plus

Is your pet currently on flea prevention? Yes No

If yes, please check one: Trifexis Frontline Plus Advantage Advantix
Nexgard

Is your pet micro chipped? Yes No

If no, would you like your pet to be micro chipped today? Yes No

Has your pet had previous vaccinations and tests? Yes No

If yes, where were they administered? _____

Any prior medical/surgical problems or allergies? Yes No

If yes, please explain: _____