

## GENERAL INFORMATION

Customer's surname and name (Primary Account Holder/Owner): \_\_\_\_\_

Cellular : \_\_\_\_\_

Email Address : \_\_\_\_\_

DOG  CAT

Pet's name : \_\_\_\_\_ Sex: \_\_\_\_\_

Birthday (mm/dd/yy):     /     /    

Breed : \_\_\_\_\_ colour : \_\_\_\_\_

Microchip no. : \_\_\_\_\_

Spayed or neutered : yes  no

## MEDICAL FORM

Veterinary Clinic : \_\_\_\_\_

Name of Veterinarian : \_\_\_\_\_

Tel : \_\_\_\_\_

### DOES YOUR PET SUFFER FROM ONE OF THE FOLLOWING ILLNESSES OR CONDITIONS?

#### DOG

- Epilepsy
- Diabetes
- Food Allergies
- Thyroid Gland
- Heart Problem (heart murmur or other)
- Incontinence
- Constipation
- Lack of appetite
- Chronic diarrhea, digestive disorders
- Asthma
- Skin problem (e.g. dermatitis)
- Ear infection ( e.g. Chronic otitis)
- Eye infection ( e.g. conjunctivitis)
- Excessive anxiety
- Agressivity toward humans
- Agressivity toward other dogs
- Cysts, Warts
- Seasonal allergies
- Allergy to antibiotics (or other medications)
- 'Tracheal problem -Reverse snizzing'
- 'Hot spots'
- Hip Displasia
- Urinary tract infection
- Lameness
- Hypoglycemia
- Back problem ( spine)
- Other : \_\_\_\_\_
- Surgery : \_\_\_\_\_

#### CAT

- Epilepsy
- Diabetes
- Food Allergies
- Thyroid Gland
- Heart Problem (heart murmur or other)
- Incontinence
- Constipation
- Lack of appetite
- Chronic diarrhea, digestive disorders
- Asthma
- Skin problem
- Ear infection ( e.g. mites)
- Eye infection ( e.g. conjunctivitis)
- Excessive anxiety
- Agressivity toward humans
- Agressivity toward other cats
- Cysts, Warts
- Seasonal allergies
- Allergy to antibiotics (or other medications)
- Hair ball
- Rhinotrachéite
- Urinary blockage
- Urinary tract infection
- Lameness
- Hypoglycemia
- Back problem ( spine)
- Other : \_\_\_\_\_
- Surgery : \_\_\_\_\_

Does your pet need medication? Or supplements?  yes  no

### MEDICATION no. 1

Treated condition : \_\_\_\_\_

Name of medication : \_\_\_\_\_

Dosage : \_\_\_\_\_

Method (pill pocket, in the food..) : \_\_\_\_\_

Good to know : \_\_\_\_\_

### MEDICATION no. 2

Treated condition : \_\_\_\_\_

Name of medication : \_\_\_\_\_

Dosage : \_\_\_\_\_

Method (pill pocket, in the food..) : \_\_\_\_\_

Good to know : \_\_\_\_\_

### BEHAVIOR RECORD ( personality /attitude..)

#### DOG

- Loves to play ball
- Loves to play with other dogs
- Prefer humans
- Barks a lot
- Scared of thunder
- Loves to walk
- Eats wood
- Eats lices
- Destroys his bed or coussin
- Eats his toys
- Eats rocks
- Protects his toys
- Does like to be touched
- Runs away
- Loves food and treats
- Other : \_\_\_\_\_

#### CAT

- Doesn't like other cats
- Loves to play with other cats
- Loves to play with toys
- Loves to hide
- Wants to be left alone
- Loves to explore his surroundings
- Loves human affection
- Shows agression toward humans
- Will bite
- Loves food and treats
- Loves to climb
- Runs away
- Other : \_\_\_\_\_

### FOOD

#### MORNING

Type of food : \_\_\_\_\_

Quantity : \_\_\_\_\_

Good to know: \_\_\_\_\_

#### LUNCH ( if necessary)

Type of food : \_\_\_\_\_

Quantity : \_\_\_\_\_

Good to know: \_\_\_\_\_

#### EVENING

Type of food : \_\_\_\_\_

Quantity : \_\_\_\_\_

Good to know: \_\_\_\_\_