



Tomahawk Animal Hospital – Patient Information Sheet
Friendly Service – Exceptional Care

Patient/Pet Information:

Date: _____

Pet's Name: _____

Breed: _____

Date of Birth (M/YR)/Age: _____

Gender: _____ Is your pet spayed or neutered? _____

Colors/Markings: _____

Previous Veterinary History:

Previous Clinic: _____ City: _____ State: _____

Has your pet had any illness or injury in the past 30 days? _____ If so, please explain _____

Canine:

DA2PP Vaccine (Distemper) Date Last Given: _____

Rabies Vaccine Date Last Given: _____

Bordatella Vaccine (Kennel Cough) Date Last Given: _____

Last Fecal Analysis: _____

Last Heartworm Test: _____

Is your dog current on heartworm preventative? **YES/NO** Flea preventative? **YES/NO**

Is your dog on any other medications; explain? _____

Any known adverse reactions to vaccinations/medications? _____

Feline:

FVRCP Vaccine (Distemper) Date Last Given: _____

Rabies Vaccine Date Last Given: _____

Bordatella Vaccine (Kennel Cough) Date Last Given: _____

Feline Leukemia Vaccine Date Last Given: _____

Last Fecal Analysis: _____

Last Feline Leukemia/FIV Test: _____

Is your cat current on heartworm preventative? **YES/NO** Flea preventative? **YES/NO**

Is your cat on any other medications; explain? _____

Any known adverse reactions to vaccinations/medications? _____