

Owner's Name _____ Pet's Name _____ Pet's Age _____

How long have you owned this pet? _____ Where did you get this pet? _____

How did you hear about petsalive spay/neuter clinic? _____

Does your pet have a full-service veterinarian for routine care? YES NO Veterinarian's Name _____

Has your pet received its initial vaccinations and/or boosters in the past 12 months? YES NO

Date of last visit to a veterinarian? _____

Where does this pet primarily stay? Indoor Outdoor Indoor/outdoor

Within the past 2 weeks, has your pet displayed any of the following OR had any changes in its general health?

(Circle all that apply)

- | | | | |
|-----------------|----------|----------|---------------------------|
| Sneezing | Coughing | Vomiting | UNKNOWN HEALTH |
| Activity level | Appetite | Surgery | NONE, this pet is HEALTHY |
| Health Problems | Injury | Diarrhea | |

If so, Please explain: _____

Are there any known reactions to vaccinations, drugs, or medication? YES NO

If so, Please explain: _____

Has your pet ever had an injury, seizure, surgery, or parvo? YES NO

If so, Please explain: _____

Please list ANY medication your pet has taken in the past month and why: _____

This section for female pets only

petsalive performs surgery on females in heat and pregnant on a daily basis. However, this is considered a higher risk surgery. Pregnant females will have the pregnancy terminated and the spay completed. All animals found to be pregnant at the time of surgery will be given fluids and will be charged an additional \$15.00.

If female, when was last heat cycle? _____ Is your pet pregnant? YES NO MAYBE

Has your pet ever given birth? YES NO If yes, when? _____ How many Litters? _____

Has your pet ever been heartworm tested? YES NO If so, what were the results? Positive Negative

Is your pet currently on heartworm preventative? YES NO

Is your pet currently on flea/tick preventative? YES NO

petsalive offers low priced heartworm and flea/tick preventative. Please speak with a petsalive representative if you are interested in purchasing heartworm and/or flea/tick preventative or if would like more information on preventative medicines.

Owner's Signature: _____ Date: _____