



Dog/Cat Information

Owner's Last Name _____ First _____

Patient's Name _____ **Age/Birthday** _____

Species: Cat Dog Breed: _____ Color: _____

Sex: Male Female Spayed/neutered? Yes No Microchipped? Yes No

Is your pet primarily outdoors, indoors or indoor only? _____

Does your pet go hiking or camping with you? Yes No

Does your pet go to a boarding or grooming facility? Yes No

Have they been out of state in the last 6 months? Yes No If yes, where? _____

Is your pet on any flea or tick prevention? Yes No If yes, what brand? _____

List all foods (including brand) you give your pet:

List any allergies you pet has:

List any medications or supplements given:

List any behaviors we need to be made aware:

Previous Medical Records? Yes No

If yes, which clinic? _____ May we contact them? Yes No

Does your pet have Pet Insurance? Yes No If yes, with whom? _____

Reason for exam:	Annual Physical	Excessive itching	Wound/Injury
Vomiting	Unusual Odors	Increased urination	Lethargy
Diarrhea	Limping/Stiffness	Increased Drinking	Inappetance
Coughing	Scratching at ears	Inappropriate Elimination	Hair Loss
Other:	_____		

This form can be faxed to us at (425) 947- 9832
or scanned and emailed to pinetreehospital@gmail.com
or brought in with you for your first appointment.

Professional Fees are to be paid at time of services.

For your convenience we accept Cash, Check (with a valid driver's license), Visa, Mastercard, Discover, American Express, and care credit. Returned checks are subject to a \$35.00 fee.

Signature _____ **Date** _____