



# Rancho Bernardo Pet Hospital

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## PET INFORMATION

Name \_\_\_\_\_ Species Cat  Dog

Breed \_\_\_\_\_ DOB / Age \_\_\_\_\_ Color \_\_\_\_\_

Sex Male  Male-Neutered  Female  Female-Neutered

**Vaccine History** Please indicate the date your pet last received the following recommended vaccines.

### Cats

FVRCP \_\_\_\_\_

Leukemia \_\_\_\_\_

Rabies \_\_\_\_\_

### Dogs

DAAP / \_\_\_\_\_ Lepto \_\_\_\_\_

Bordetella \_\_\_\_\_

Rabies \_\_\_\_\_

### Medical History

Has your cat had a fecal test, Yes  Date \_\_\_\_\_ No

Has your cat had a fecal test, Yes  Date \_\_\_\_\_ No

Has your dog had a fecal test, Yes  Date \_\_\_\_\_ No

Has your dog had a heartworm blood test, Yes  Date \_\_\_\_\_ No

How many hours a day does your pet spend outdoors? \_\_\_\_\_

What type of flea and heart worm preventative are you currently using? \_\_\_\_\_

Any prior history of illness or surgery? \_\_\_\_\_

Is your pet currently on any medications? (Please indicate the dosage and duration)  
\_\_\_\_\_

Does your pet have any drug allergies? \_\_\_\_\_

Any concerns regarding your pet's behavior? (i.e. housebreaking/litter-box training, digging, barking, inappropriate chewing)  
\_\_\_\_\_

What does your pet eat? (Please indicate how much and how often) \_\_\_\_\_

Does your pet receive any treats or extras? (Please explain) \_\_\_\_\_

*Thank you for allowing our hospital the opportunity to care for your pet!*