



LUCAS VETERINARY HOSPITAL

NEW PATIENT INFORMATION

Date _____

Name _____ Breed _____

Birthday _____ Sex: Male Female Spayed/Neutered

Color/Markings _____

Approximate date of last veterinary exam _____

Date of last vaccinations given by a veterinarian _____

Dogs: (circle answers) Are you currently giving heartworm prevention? YES or NO

If yes, which type are you giving? Heartgard Interceptor Sentinel Iverheart Other

Cats: (circle answers) Has a Leukemia test been done previously? YES or NO

If yes, what was the date of that last test? _____

Any serious illness or injury history? _____

Any known allergies to vaccinations or medications? _____

Thank you for providing this important information about your pets