



Animal Hospital of Irvine

Pet Information Sheet

Microchip: _____

Name: _____ Species: _____

Breed: _____ Birthdate: _____

Sex: Male/Neutered Female/Spayed Male/Intact Female/Intact

Color: _____

My pet is friendly not friendly with other pets.

My pet is friendly not friendly with people.

Previous Veterinarian Information:

Name: _____ Phone: _____

Location: _____

Vaccination History

Canine:

Type Date Given

DA2PP _____

Bordetella _____

Rabies _____

Lyme _____

Feline:

Type Date Given

FVRCP _____

FeLV _____

Rabies _____

Does your pet take any medication(s)? Yes No

If yes, what kind of medication(s): _____

Is your pet on flea control? If yes, what type(s): _____

Is your pet on a heartworm preventative? _____

If there is any other information you think we should know about your pet that we have not asked, please tell us: _____