

PATIENT INFORMATION

Pet Name: _____ Species: Dog/Cat _____

Birth date: _____ Breed: _____ Coat color: _____

Gender: Male/Female _____ Spayed/Neutered _____ Diet (*what kind of food*): _____

Microchip: Yes/No _____ If yes, Microchip ID# _____

Please indicate the most recent date of the following:

(If you have previous records, please let us copy them so that your pet's medical record at Iowa Veterinary Wellness center can be complete)

DOG

Rabies _____
DHP (Distemper) _____
Leptospirosis _____
Bordetella (kennel cough) _____
Lyme _____
Other vaccines _____
Heartworm Test _____
Fecal (worms) _____
Dentistry _____

CAT

Rabies _____
RC2P (Distemper) _____
FeLV _____
FIV _____
Other vaccines _____
Fecal (worms) _____
Dentistry _____

Prior Illness _____

Prior Surgery _____

Special Medication _____

Pet Origin: ___ ARL/Humane Society ___ Pet Shop ___ Kennel/Breeder ___ Friend ___ Stray ___ Individual (non-breeder)

COMMENTS:

Thank you so much for choosing Iowa Veterinary Wellness Center as your pet's healthcare provider. We look forward to developing a relationship with both you and your pet. If there is anything that we can do to improve your experience, please let one of our staff members know.



IOWA VETERINARY
WELLNESS CENTER
YOUR PET. OUR PASSION.