

Patient Information

Pet Name: _____ **Species:** Canine / Feline

Birth Date: _____ **Breed:** _____

Gender: Male / Female Neutered / Spayed **Color:** _____

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.)

CANINE

Rabies _____
DA2P (Distemper/Parvo) _____
Bordetella (Kennel Cough) _____
Leptospirosis _____
Lyme _____
Other vaccines? _____
Heartworm test _____
Fecal (Parasite test) _____
Dentistry _____

FELINE

Rabies _____
FVRCP (Feline Distemper) _____
FeLV (Leukemia) _____
Other vaccines? _____
FeLV/FIV test _____
Fecal (Parasite test) _____
Dentistry _____

At what veterinary clinic were the vaccinations/test(s) done? _____

Prior illness/diagnosis: _____

Prior surgery: _____

Medication(s): _____

Diet: Please include brand, flavor, amount, and any treats or snacks.

Where did you get your pet? _____ ARL/Humane Society/Rescue _____ Pet Shop _____ Kennel/Breeder
_____ Individual (non-breeder) _____ Friend _____ Stray

COMMENTS:

Thank you so much for choosing Iowa Veterinary Wellness Center as your pet's health care 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.

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