



Client/Owner Last Name _____

Patient/Pet Information

1. Name of pet(s) being seen today _____
2. What brings you to Northeastern Veterinary Care Center today? _____

3. Does your pet have any pre-existing medical conditions? _____
4. Is your pet on any **medications** or **supplements**? If so, please list: _____

5. What do you feed your pet (brand name, dry/canned) and how often: _____

6. Have you changed foods recently? _____
7. What type of treats do you give your pet and how often? _____
8. Is your pet on flea and tick control? _____
If so, which brand & where is it purchased? _____
How often do you administer flea/tick meds? _____
9. Is your pet itchy and if so where? _____
10. On a scale of 1-10 (1=least, 10=most), how itchy is your pet? _____
11. Did you know we have an on-line pharmacy? **Y() N()**
(All RX items purchased there are obtained directly from the manufacturer & carry the same guarantees as if purchased at NEVCC.)
12. Do you allow pictures of your pet to be posted on our social media accounts (i.e. Facebook, Instagram, etc) **Y() N()**

Dogs ONLY:

13. Is your dog on heartworm preventative monthly? _____
14. If so, which brand and where do you purchase this? _____
15. Is your dog boarded, go to the dog-park, grooming facility, or daycare? _____

Cats ONLY:

16. Is your cat indoor only? Outdoor only? Both? _____
17. Does your cat fight with other cats? Does your cat hunt? _____

Technician Use Only:
DOB: _____
Weight: _____ lbs
HR: _____
Temp: _____