



Ohio County Animal Clinic, PLLC
Dr. Ann A Ayer



Patient Information Sheet

PET INFORMATION

Dog Cat Other _____ Male Female Spayed Neutered

Name _____ Breed _____

Color _____ Date of Birth _____

Microchip: Yes No Needs to be scanned: _____ Microchip # _____

DATE OF LAST: (if history is not provided)

_____ Distemper Respiratory vaccination/Distemper Parvo
 _____ Rabies Vaccination
 _____ Bordetella or Feline Leukemia Vaccination
 _____ Fecal Test
 _____ Hearworm Test or Feline Leukemia Test
 _____ Wellness Exam

IS YOUR PET CURRENTLY ON HEARTWORM PREVENTION? IF SO, WHAT KIND? WHEN WAS IT LAST GIVEN?

IS YOUR PET CURRENTLY ON FLEA/TICK PREVENTION? IF SO, WHAT KIND? WHEN WAS IT LAST GIVEN/APPLIED?

HOW OLD WAS YOUR PET WHEN YOU ACQUIRED IT? _____

WHAT PRIOR ILLNESS OR SURGERY SHOULD WE KNOW ABOUT? _____

IS YOUR PET CURRENTLY ON A SPECIAL DIET OR MEDICATION? IF YES, PLEASE EXPLAIN. _____

DOES YOUR PET HAVE ANY DRUG ALLERGIES? IF YES, WHAT DRUG(S)? _____

Authorization to treat

I hereby confirm that I am the owner of the above named pet. I hereby authorize the veterinarian and staff of
 Ohio County Animal Clinic, PLLC to provide medical treatment for the above named pet.

 Owner's Signature

 Date