

# Lake Forest Animal Clinic

## Patient Information

***Thank you for selecting Lake Forest Animal Clinic for the care of your pets. Your trust and confidence in our clinic is greatly appreciated. In order to become better acquainted, please carefully complete the following information. If you have any questions, please ask our receptionist for assistance.***

Please print and complete all information.

Pet's Name: \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Neutered/Spayed

Color: \_\_\_\_\_ Birthday or Approx Age: \_\_\_\_\_

Is your pet currently on any medications?: \_\_\_\_\_

Is your pet currently vaccinated? \_\_\_ YES \_\_\_ NO

If yes, where did your pet receive those vaccines?: \_\_\_\_\_

Has your pet ever had an adverse reaction to vaccines or any drug sensitivities? \_\_\_\_\_

Is your pet on a special diet?: \_\_\_\_\_

Are there any previous medical problems you would like us to be aware of:

\_\_\_\_\_

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Breed: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Neutered/Spayed

Color: \_\_\_\_\_ Birthday or Approx Age: \_\_\_\_\_

Is your pet currently on any medications?: \_\_\_\_\_

Is your pet currently vaccinated? \_\_\_ YES \_\_\_ NO

If yes, where did your pet receive those vaccines?: \_\_\_\_\_

Has your pet ever had an adverse reaction to vaccines or any drug sensitivities? \_\_\_\_\_

Is your pet on a special diet?: \_\_\_\_\_

Are there any previous medical problems you would like us to be aware of:

\_\_\_\_\_