

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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