

# Canine Registration



# Blackstone Animal Clinic

Pet's Name \_\_\_\_\_ Birthday (or age if unknown) \_\_\_\_\_ Color \_\_\_\_\_

Breed \_\_\_\_\_ Male Neutered? Yes No Female Spayed? Yes No

May we request records from your previous vet? Yes \_\_\_ No \_\_\_ Clinic \_\_\_\_\_

### Is your pet on:

Heartworm Prevention? Yes \_\_\_ No \_\_\_ Brand \_\_\_\_\_ Year Round? Yes \_\_\_ No \_\_\_

Flea/Tick Control? Yes \_\_\_ No \_\_\_ Brand \_\_\_\_\_ Year Round? Yes \_\_\_ No \_\_\_

**Is your pet microchipped?** Yes \_\_\_ No \_\_\_ # \_\_\_\_\_ (We offer this service for \$42.00)

Please list all other medications that your pet is currently taking, including vitamins and supplements:

\_\_\_\_\_  
\_\_\_\_\_

### Please describe your pet's current diet:

Brand \_\_\_\_\_ Dry \_\_\_\_\_ Canned \_\_\_\_\_ Both \_\_\_\_\_ Amount \_\_\_\_\_

How many times a day \_\_\_\_\_ Treats \_\_\_\_\_ Table Food \_\_\_\_\_

**What percentage of time does your pet spend outside?** \_\_\_\_\_ % Supervised? Yes \_\_\_ No \_\_\_

Fenced Yard? Yes \_\_\_ No \_\_\_ Freedom to roam? Yes \_\_\_ No \_\_\_

**Is your dog?** (please circle all that apply) groomed boarded Does he/she? visit dog parks

go into pet stores use public trails

**Any recent injuries or illnesses?**(please explain)

\_\_\_\_\_  
\_\_\_\_\_

**Has your pet ever had any allergic reactions to vaccines or medications? (please list)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Any recent changes in?** (please circle all that apply) Appetite Water Intake Weight Urine Stool

Activity Behavior New Lumps or Bumps

**Any problems with?** (please circle all that apply) Lameness Ears Skin/Scratching

Vomiting Diarrhea