



109, 260 Saint-Raymond
Gatineau, (Hull) Québec
J9A 3G7

Owner: :
Address:
City: Prov.: P.C.:
Tel. (H): (W):
E-mail:

ANIMAL'S NAME:
Species: ☐ Can ☐ Fel Breed: Age: ☐ mo. ☐ yr.
Colour: D.O.B.:
Sex: ☐ M. ☐ F. ☐ Sterilized Weight: ☐ kg ☐ lbs
File no.: Date:

PATIENT/CLIENT INFORMATION

Main reason for your visit

Where did you obtain your pet ? ☐ Found ☐ SPCA/OHS ☐ Private home ☐ Pet shop ☐ Breeder

When did your pet arrived in your home ? Since: ; ☐ week ☐ month ☐ year(s)

Has your pet already seen a veterinarian? ☐ NO ☐ YES If so, for what reason ?

Do you own any other animal in your home ? Number: species(s):

Is your pet in contact with other animals (beside those you have at your home) ? ☐ NO ☐ YES

If so, which and where ?

Which brand of food does your pet eat ?

In what quantity per day ? How frequently ? ☐ free feeding ☐ in meals

Do you expect to board your pet in a kennel within the next year ? ☐ NO ☐ YES

Does your pet have any known medical conditions ? ☐ NO ☐ YES If so, which one ?

Have you noticed any changes in your pet recently ?

☐ Appetite ☐ Energy ☐ Feces ☐ Urine ☐ Pain ☐ Behaviour

CAT

Does your cat go outside ? ☐ Never ☐ Loose ☐ On a leash

DOG

Has your dog been tested for heartworms ? ☐ NO ☐ YES When ?

Does your dog have a habit of eating his own feces ? ☐ NO ☐ YES

Those of other animals ? ☐ NO ☐ YES

Does your dog have a habit of drinking water from streams, ponds, etc. ? ☐ NO ☐ YES

Do you have any questions for us ?