



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

**HÔPITAL
VÉTÉRINAIRE
DE LA MONTAGNE**

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 ?