



Animal Hospital of Parkland

12212 Pacific Ave. S. Tacoma, WA 98444 (253) 536-1505



Pet Information

Name Species Cat Dog Breed

Birth Date / / When did you get your pet. / / Sex Male Neutered Female Spayed

Color/Markings/Identification

Date last seen by a Veterinarian / / Name of Previous Clinic

Date of Latest Vaccines Treatment or Diagnostics	Canine Dist./Parvo	<input type="text"/> / <input type="text"/> / <input type="text"/>	Feline Dist./Resp.	<input type="text"/> / <input type="text"/> / <input type="text"/>	Rabies Vx	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Bordetella, Canine Cough	<input type="text"/> / <input type="text"/> / <input type="text"/>	Feline Leukemia	<input type="text"/> / <input type="text"/> / <input type="text"/>	Spay/Neuter	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Lyme Vaccine	<input type="text"/> / <input type="text"/> / <input type="text"/>	Fecal Exam	<input type="text"/> / <input type="text"/> / <input type="text"/>	Illness	<input type="text"/> / <input type="text"/> / <input type="text"/>

What is the reason for today's visit?

Please list any previous illnesses, injuries, surgery, or anesthesia your pet has had.

What medications are you currently giving or have recently given your pet.

What do you feed your pet. (Type & Brand of Food, Treats or Chews, Anything Else)

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