



Blue Skies Veterinary Hospital

Serving with honesty, dedication and compassion

New Patient Information

Pet Name _____ Owner _____ Species _____

Breed _____ Date of Birth _____ Color/Markings _____

Sex _____ Spayed or Neutered? Yes No

Any known allergies to vaccinations or medication? _____

Any previous serious illnesses or surgeries? _____

Is your pet taking any medications on a regular basis? _____

Any behavioral problems or questions? _____

Are there any other pets in the home? _____

PLEASE USE THE SPACE BELOW TO INDICATE DATE OF LAST VACCINATION OR ADMINISTRATION

For Dogs	Date	For Cats	Date
Distemper/Parvo (DHPPC)		Distemper (FVRCP)	
Bordetella		Feline Leukemia/ FIV Test	
Rabies (1 or 3 yr)		Rabies (1 or 3 yr)	
Leptospirosis		Feline Leukemia	
Lyme			
Heartworm/Lyme/E.Canis Test			
Fecal Examination		Fecal Examination	
Deworming		Deworming	

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