



Mountain View Veterinary Hospital; 4620 Whitman Ln SE; Lacey, WA 98513; (360) 438 - 9623

Owner:
Alternate Contact:
Address:

Pet's Name:
Pet's Birthday:
Pet's Breed:
Pet's Gender:

Primary Phone:
Secondary Phone:
Work Phone:
Alternate Contact's Phone:
Alternate Contact's Work Phone:

Please answer the following questions to help us individualize your pet's vaccine and health recommendations:

- How old was your pet when you got him/her?
- How long have you had him/her?
- Where did you get him/her?
- Which states has you pet lived in?

- Does your pet travel with you outside of Western Washington? yes no
 - If so where?
 - How often?
 - When is you next trip planned?

- Does your pet ever go to a boarding kennel? yes no
 - Which kennel?
 - How often?
 - When is the next visit?

- Does he/she go to dog parks or doggie daycare? yes no
- Do you regularly train, show or take your pet to a groomer? yes no
 - Which groomer?
- Do you hunt with your dog? (birds or game) yes no
- Is your pet regularly exposed to stagnant water, cattle urine or live on a farm? yes no
- If your dog regularly exposed to wildlife, or go hiking or camping with you? yes no



- Has your pet ever had an adverse reaction to vaccines? yes no
 - Please give details.

- Has your pet ever had an adverse reaction to any medications? yes no
 - Please give details.

- Does your pet have any food or other allergies? yes no
 - What to?

- Do you foster or have other pets visit your house? yes no

- Have you added any pets since his/her last visit? yes no
 - Please give details.

- Do you have any questions about your pet's overall health?