

# History Form

Barbara Grice Memorial Spay  
& Neuter Clinic

Owners Name: \_\_\_\_\_ Owners Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Age: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

1. Where does your pet primarily live? Indoor Fenced Yard Free Roaming Feral Cat
2. Have you observed ANY of the following? Coughing Sneezing Vomiting Diarrhea
3. Is your pet **6** years of age or older? Yes No
4. Is there a chance your pet could be pregnant? Yes No
5. Do you understand that if your pet is pregnant, her pregnancy will be terminated today during surgery? Yes No
6. Is your pet current on vaccinations? Yes No
7. Has your pet EVER been vaccinated before? Yes No Rabies Only Other:
8. Do you understand that if your pet has not been vaccinated, he or she is at greater risk of picking up potentially fatal diseases while exposed to other animals at the clinic today? Yes No
9. Is your pet on any medications of any kind, including OTC, flea or heartworm preventatives? Yes No If yes, please list: \_\_\_\_\_
10. Has your pet had any oral or injectable steroids in the past 30 days? Yes No
11. Has your pet ever had seizures? Yes No If yes, when was the most recent episode? \_\_\_\_\_

We **STRONGLY** encourage everyone to purchase a **CONE** or **BITTER ORANGE** for their dog or cat to deter them from licking their incision site. Would you like to purchase either of these products today? **YES** ( ) **NO** ( )

## ***Please Circle Any Services You Would Like to Add Today.***

*Recommended Yearly Services can be seen in **BOLD** print.*

**DOG:** **Rabies Vaccination** **DA2PP Vaccination** **Heartworm Test** Bordetella Vaccination  
Flea Treatment (CAPSTAR) IV Fluids Nail Trim Fecal Test Microchip  
Ear Cleaning Deworming Cone (E-Collar) Bitter Orange

**CAT:** **Rabies Vaccination** **FVRCP Vaccination** **FIV/FELV Test** Feline Leukemia Vaccination  
Flea Treatment (CAPSTAR) IV Fluids Nail Trim Fecal Test Microchip  
Ear Cleaning Deworming Ear Mite Treatment Ear Tip Cone (E-Collar) Bitter Orange

**Would you like to donate to help an animal in need? Amount \$ \_\_\_\_\_ Thank You!**