

## Companion Animal History

## One form for EACH animal, please!

Name of "Owner":
Name of companion animal:
Date of birth:
Age:
Species/Breed:
Color and fur type:
Gender:
Spayed/neutered?
Food and medications:
Feeding schedule and description of food:
Supplements, medications in food (Please specify medical condition for which each med is adminstered):

Does the animal take these medications easily or is there a "trick"?

Oral medications not in food (Please specify medical condition for which each med is adminstered):

Does the animal take these medications easily or is there a "trick"?

Intra-muscular or subcutaneous injections (Please specify medical condition for which each med is adminstered):

Does the animal deal with this easily or is there a "trick"?

Subcutaneous fluids (Please specify medical condition for which fluids are adminstered):

Does the animal deal with this easily or is there a "trick"?

Other medications or therapies (massage, Reiki, etc.):

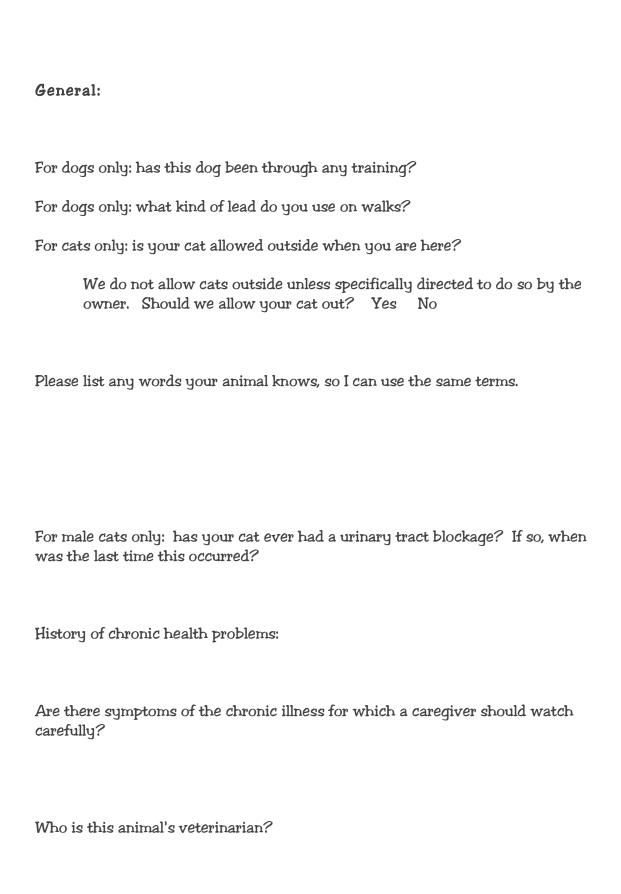
## Fears and phobias:

History of aggression? Known triggers?

Any fear of noises, thunder, etc.?

For dogs only: how does your dog react to other dogs at the park, on a walk, etc?

For dogs only: has this dog ever bitten? Snapped? If so, please explain circumstances.



When was the last visit?	
Vet's phone number?	
Is this animal current on vaccinations?	
Any other relevant or pertinent information?	
I,, "owner" of above described compainformation to be complete and correct to the bes	
"Owner"	Pate: