



Spanish Trail Veterinary Hospital

Welcome. Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you from Dr. Liz Tringas and staff.

Owner(s): _____ DL# _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ E-mail: _____

Employer: _____ Work Phone: _____

How did you learn about our clinic? Phone Book Mail Live in Neighborhood

Internet Friend > May we have their name to thank them: _____

Other: _____



Pet's Name: _____

Breed: _____

Color: _____

Date of Birth: _____

Previous/Current Vet: _____

Diet: _____

Flea Preventative: _____

Heartworm Preventative: _____

Medications: _____

Reason for visit: _____



Medical History – Please check all that apply to your pet:

- Allergies
- Anesthesia Reaction
- Arthritis/Limping
- Behavioral Problems
- Cancer
- Coughing
- Diabetes

- Diarrhea
- Ear Infections
- Eye infections
- Feline Leukemia
- FIV
- Heartworms
- Lack of Appetite

- Loss of Balance
- Scooting
- Scratching
- Seizures
- Skin infections
- Thirst – Increased
- Tumors

- Urinary Problems
- Vomiting
- Others: _____

Allergic reaction to vaccines or medications: _____