

Date _____

Client Name _____

**Lake City Animal Clinic, Inc.
New Pet History**

Name _____

Species (Canine, Feline, other) _____

Breed _____

Description (Color) _____

Age _____

Date of Birth _____

Sex _____

Length of Time Owned _____

Spayed or Neutered _____

Vitamins _____

Diet (type of pet food) _____

Type of Grooming Products _____

Hours Spent Outside Each Day _____

VACCINATIONS

DHLPPC (Canine distemper) _____

Parvovirus (Canine) _____

FVRCP (Feline infectious diseases) _____

Rabies (Canine/Feline) _____

Feline Leukemia/Feline AIDS Test) _____

Other Vaccinations _____

Heartworm Test _____

Heartworm Prevention _____

Fecal/Stool Exam _____

Dental History _____

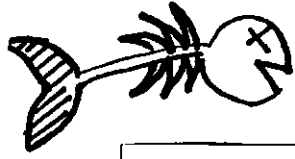
Prior Illness _____

Prior Surgery _____

PET ORIGIN:

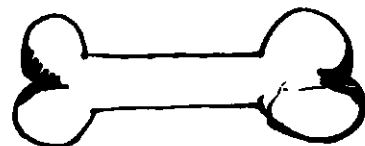
____ Humane Society ____ Pet Store ____ Kennel/Breeder ____ Individual (Non-Breeder)

____ Friend ____ Stray ____ Advertisement



Cat years	Human years
1	15
2	24
5	36
7	45
12	64
15	76
18	88
21	100





Dogs age	0- 20lbs	21- 50lbs	51- 90lbs	90lbs >
5years	36	37	40	42
6years	40	42	45	49
7years	44	47	50	56
10years	56	60	66	78
12years	64	69	77	93
15years	76	83	93	115
20years	96	105	120	-

ADMISSION FORM - LAKE CITY ANIMAL CLINIC

Name: _____

Pet's Name: _____

Please explain the reason for your pet's visit today. List symptoms and the duration of the problem.

Certain diagnostic tests (i.e. bloodwork, radiographs) will most likely be required to help diagnose your pet's problem. Occasionally, a mild sedative is also necessary. Please authorize the preliminary diagnostics (and sedation if required) and we will call you with an estimate if more extensive procedures or diagnostics are necessary. Please leave a number where you can be reached today. A deposit is required in all cases, with the balance due at the time of dismissal.

Signature: _____ Date _____

Phone _____