Cumberland
Animal Clinic

Patient Information Sheet

Pet's Name:		**Sex:** ☐ Male (intact) ☐ Male (neutered) ☐ Female (intact) ☐ Female (spayed) ☐ Unknown	
Birth date/Age:	**Breed:**	**Color:**	**Special Markings:**
Date of Last Vaccinations:	**Previous Vet Clinic:**	**Microchip ID#:**	
Medial History: Does any of the following apply to your pet? Please give details:			
Vaccine reactions:			
Allergies:			
Seizures:			
Special Diet:			
On any medication? (other than heartworm or flea prevention):			
Is there anything else you would like us to know about your pet?			

Additional Pet

Pet's Name:		**Sex:** ☐ Male (intact) ☐ Male (neutered) ☐ Female (intact) ☐ Female (spayed) ☐ Unknown	
Birth date/Age:	**Breed:**	**Color:**	**Special Markings:**
Date of Last Vaccinations:	**Previous Vet Clinic:**	**Microchip ID#:**	
Medial History: Does any of the following apply to your pet? Please give details:			
Vaccine reactions:			
Allergies:			
Seizures:			
Special Diet:			
On any medication? (other than heartworm or flea prevention):			
Is there anything else you would like us to know about your pet?			