



P.O. Box 9612 Knoxville, TN
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PET INFORMATION

Pet's Name: _____ **Age or Date of Birth:** _____

Breed: _____ **Color:** _____ male/female/spayed/neutered

Approximate weight: _____ **Date of last Rabies vaccine:** _____

Regular Veterinarian/Hospital: _____ **Phone:** _____

Please circle all that apply to your pet and provide additional information below:

- Asthma/Chronic Cough
- Arthritis
- Seizures
- Diabetes
- Cancer
- Allergies
- Heart Disease
- Neck/back pain
- High blood pressure
- Kidney disease
- Liver disease
- Leg/joint pain
- Senility/Dementia
- Other

List known or suspected allergies: _____

Past Medical/Surgical History: _____

Current Medication (Include Supplements, Vitamins, Parasite Control, over the counter products and prescription products): _____

What is your pet currently eating? (Please include name of food , amount fed, and how many times fed/day)

Describe Current Health Problem/s: _____

Aside from the medications listed above; please describe any other treatments your pet is currently receiving:

