



# Welcome to Eastside Animal Hospital



## Dog/Puppy Information

Pet's Name: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_

Sex: Male  Female  Breed: \_\_\_\_\_

Neutered/ Spayed: Yes  No  At what age? \_\_\_\_\_

Color: \_\_\_\_\_ How long have you had your pet? \_\_\_\_\_

### Vaccines given on:

Distemper Parvo: \_\_\_\_\_ Micro-Chip #: \_\_\_\_\_  
Lepto: \_\_\_\_\_  
Rabies: \_\_\_\_\_  
Bordetella: \_\_\_\_\_  
Parasite (Stool) test: \_\_\_\_\_  
Heartworm test: \_\_\_\_\_

Current Pet Insurance: N/A  \_\_\_\_\_

Current Medication: N/A  \_\_\_\_\_

Past Illnesses or surgeries: \_\_\_\_\_

### Your pet's lifestyle:

Indoor: 0%      50%      100%  
Outdoor: 0%      50%      100%

Your signature permits our offices to share vaccination status and other preventative medical history with other veterinarian hospitals and boarding facilities.

All hospitalized pets must be current on vaccinations to help prevent the spread of contagious diseases. This includes Bordetella (Kennel Cough) for most dogs. Please discuss any special vaccination concerns you may have with the veterinarian. All pets will also be treated for internal/external parasites as needed.

Responsible party's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or duly authorized agent)