



Amigo Animal Clinic

14811 N. Cave Creek Rd

Phoenix, AZ 85032

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Your Pets Best Friend

Information Pet #1

Pet's Name: _____ Canine ___ Feline ___

Breed: _____ Description (Color): _____

Age: _____ Birthdate: _____ Sex: Female ___ Male ___ Neutered/spayed: Yes ___ No ___

Where did you obtain this pet? Friend ___ Breeder ___ Pet Shop ___ Humane Society ___ Other _____

At what age was this pet obtained? _____

Diet: _____ Microchip Number: _____

Pet's history: check what pet has received:

Canine: Da2ppc (Distemper/Hep/Para/Parvo/Corona) _____ date given _____

Bordetella (kennel cough) _____ date given _____ Rabies ___ date given _____

Heart worm test ___ date given _____ heartworm prevention (Heartgard or Iverhart) _____

Fecal exam (worms) _____ date given _____

Feline: Fvrpc (Feline upper resp) ___ date given _____ Felv(feline leukemia) ___ date given _____

Rabies ___ date given _____ Feline Leukemia/ Feline aids test ___ date given _____

Fecal exam (worms) _____ date given _____

Describe any:

Prior Illness: _____

Prior Surgery _____

Information Pet #2

Pet's Name: _____ Canine ___ Feline ___

Breed: _____ Description (Color): _____

Age: _____ Birthdate: _____ Sex: Female ___ Male ___ Neutered/spayed: Yes ___ No ___

Where did you obtain this pet? Friend ___ Breeder ___ Pet Shop ___ Humane Society ___ Other _____

At what age was this pet obtained? _____

Diet: _____ Microchip Number: _____

Pet's history: check what pet has received:

Canine: Da2ppc (Distemper/Hep/Para/Parvo/Corona) _____ date given _____

Bordetella (kennel cough) _____ date given _____ Rabies ___ date given _____

Heart worm test ___ date given _____ heartworm prevention (Heartgard or Iverhart) _____

Fecal exam (worms) _____ date given _____

Feline: Fvrpc (Feline upper resp) ___ date given _____ Felv(feline leukemia) ___ date given _____

Rabies ___ date given _____ Feline Leukemia/ Feline aids test ___ date given _____

Fecal exam (worms) _____ date given _____

Describe any:

Prior Illness: _____

Prior Surgery _____