

## Wellington Veterinary Clinic, Inc. New Patient Information Form

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Canine / Feline/ Other (please specify) \_\_\_\_\_

Breed: \_\_\_\_\_ Color / Markings: \_\_\_\_\_

Age or Birthday: \_\_\_\_\_ Sex: Male / Female • Neutered / Spayed  
(circle one) (circle one)

### Vaccination / Medical History

#### Canine (Please specify dates below)

<b>DHPP:</b> _____ Commonly known as a "Distemper Vaccine". This combination vaccine consists of Distemper, Hepatitis, Parvovirus and Parainfluenza inoculations.	<b>Lepto:</b> _____ Leptospirosis: May be given in conjunction with the Distemper vaccine or as a single annual vaccine when the DHPP is on a three-year schedule.	<b>Bordetella:</b> _____ Commonly known as "kennel cough". Grooming and kennel facilities are high-risk environments for these contagious organisms.
<b>Rabies:</b> _____ This vaccine can be on an annual or every three-year schedule. This vaccine is required by law.	<b>Lyme:</b> _____ Lyme Disease: An annual vaccine given to pets thought to be at risk for this disease.	<b>Giardia:</b> _____ A protozoal parasite. Also an annual vaccine given to pets thought to be at risk.
<b>Fecal Exam</b> _____ Negative / Positive (circle one) if positive, please specify _____	<b>Heartworm Test:</b> _____ Negative / Positive (circle one) Recommended annual blood test.	<b>Other:</b> _____ _____ _____

#### Feline (Please specify dates below)

<b>FVRCP:</b> _____ Commonly known as a "Distemper Vaccine". This combination vaccine includes Panleukopenia, Calici virus and rhinotracheitis.	<b>FELV:</b> _____ Feline Leukemia. Annual vaccine given to pets thought to be at risk.	<b>Rabies:</b> _____ This vaccine can be on an annual or every three-year schedule. This vaccine is required by law.
<b>FELV Test:</b> _____ (Feline Leukemia) Negative / Positive (circle one)	<b>FIV test:</b> _____ Negative / Positive (circle one)	<b>Fecal Exam</b> _____ Negative / Positive (circle one) if positive, please specify _____

Is your pet on flea and or heartworm prevention?      **Yes**                      **No**  
 If so, which kind? \_\_\_\_\_

What percentage of time does your pet spend outside? \_\_\_\_\_

**Describe your pet's diet** \_\_\_\_\_