



**Wake Veterinary Hospital Inc.**

**New Pet Information Form**

Pet Name \_\_\_\_\_  Dog  Cat  Bird  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex:  Spayed Female  Female  Neutered Male  Male      Microchip/Tattoo# \_\_\_\_\_

Date of Last Vaccination \_\_\_\_\_

Given By \_\_\_\_\_

PLEASE PROVIDE RECORDS IF POSSIBLE

Is your pet: Allergic to Vaccines or Medications? \_\_\_\_\_

Currently Taking Medications/Special Diet? \_\_\_\_\_

Please List Previous Illnesses/Surgeries: \_\_\_\_\_  
\_\_\_\_\_

Pet Name \_\_\_\_\_  Dog  Cat  Bird  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex:  Spayed Female  Female  Neutered Male  Male      Microchip/Tattoo# \_\_\_\_\_

Date of Last Vaccination \_\_\_\_\_

Given By \_\_\_\_\_

PLEASE PROVIDE RECORDS IF POSSIBLE

Is your pet: Allergic to Vaccines or Medications? \_\_\_\_\_

Currently Taking Medications/Special Diet? \_\_\_\_\_

Please List Previous Illnesses/Surgeries: \_\_\_\_\_  
\_\_\_\_\_

Pet Name \_\_\_\_\_  Dog  Cat  Bird  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex:  Spayed Female  Female  Neutered Male  Male      Microchip/Tattoo# \_\_\_\_\_

Date of Last Vaccination \_\_\_\_\_

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Is your pet: Allergic to Vaccines or Medications? \_\_\_\_\_

Currently Taking Medications/Special Diet? \_\_\_\_\_

Please List Previous Illnesses/Surgeries: \_\_\_\_\_  
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