

**Carolina Crossing Veterinary Clinic**

11760 NC 210 Suite 110  
Benson, NC 27504  
(919)934-7729

**PATIENT INFORMATION**

Date: \_\_\_\_\_

Owner Name: _____ Address: _____ Phone: _____	Patient's Name: _____ Species: _____ Breed: _____ Color: _____	Age: _____ Sex: _____
	Special Features _____	Microchip _____

Information provided below will help us better care for your pet.

1) How long has this pet been a part of your family? \_\_\_\_\_

2) When was the last time your pet ate or drank? \_\_\_\_\_

3) Has your pet displayed any of the following: (circle if yes)

Sneezing/Coughing/Diarrhea/Vomiting OR change in appetite/activity level/water consumption  
PLEASE LIST ANY HEALTH ISSUES/INJURIES/TRAUMA/SEIZURE HISTORY ON THE BACK.

4) Is your pet on any medication for any of the issues noted in Question 3? \_\_\_ Yes \_\_\_ No

If yes, please list names of medications: \_\_\_\_\_

5) Is your pet allergic to any drugs or medications? \_\_\_ Yes \_\_\_ No If yes, list on back.

6) Has your pet had vaccinations or veterinary care? \_\_\_ Yes (PROVIDE HISTORY) \_\_\_ No

If yes, has your pet ever had an adverse reaction to a vaccination? \_\_\_ Yes (EXPLAIN) \_\_\_ No

7) Date your pet was last treated for fleas, ticks or mange with dips, topical applications or powders:

\_\_\_\_\_ Name of product(s): \_\_\_\_\_

8) Has your pet been tested for intestinal parasites? \_\_\_ Yes \_\_\_ No

If yes, when, results, and treatment: \_\_\_\_\_

9) Where does your pet live? (Circle one) Indoors Outdoors Both

10) Has your CAT ever been tested for feline leukemia? \_\_\_ Yes (Results: \_\_\_\_\_) \_\_\_ No

11) Has your DOG had a heartworm test within the last year? \_\_\_ Yes (Results: \_\_\_\_\_) \_\_\_ No

12) Is your DOG taking heartworm prevention? \_\_\_ Yes (Type: \_\_\_\_\_) \_\_\_ No

13) FEMALE PETS ONLY: When was last heat cycle? \_\_\_\_\_

Is your pet pregnant? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure If yes, how far? \_\_\_\_\_

Has your pet given birth in the last 6 months? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

If yes, when and is pet still nursing? \_\_\_\_\_

\*\*14) Pre-anesthetic bloodwork is NOT required, but it is recommended (average cost \$50-75). Do you want pre-anesthetic bloodwork? \_\_\_ Yes \_\_\_ No

\*\*15) An injection for pain is given to every surgery patient. Do you want additional pain medication to go home (average cost \$15-25)? \_\_\_ Yes \_\_\_ No