

WOODLANDS
ANIMAL CARE
CENTER



3953 National Pike
Farmington, Pa 15437
Phone 724-329-2838 / Fax 724-329-2026

**WOODLANDS ANIMAL CARE CENTER
PATIENT INFORMATION**

Client's Name: _____ Account #: _____

Patient's Name: _____ Date: _____

Patient's Date of Birth: _____

Sex (please circle): Male Female

Neutered (please circle): Yes No

Species (please circle): Canine Feline Other: _____

Breed: _____

If Feline (please circle): Indoor Outdoor Indoor & Outdoor

PET'S HISTORY

Please list any previous health problems/surgeries we should know about: _____

Does your pet have a history of vaccine reactions (please circle): Yes No
If yes, please explain: _____

Has your cat been tested for Feline Leukemia and/or FIV (please circle): Yes No
If yes, what were the results and when was your pet last tested for these diseases: _____

Has your dog been tested for Heartworm and/or Lyme disease: Yes No
If yes, what were the results and when was your pet last tested for these diseases: _____

Are you using any Flea, Tick or Heartworm preventive? (please circle): Yes No
If yes, please list which ones and when was your pets last treatment: _____

Please list any additional current medications: _____