

Schaumburg Veterinary Hospital

New Canine Patient

Here at Schaumburg Veterinary Hospital we pride ourselves on the individualized care we give each pet. Communication between the staff, doctor, and pet family are paramount to providing proper care. By providing us with the detailed information below you are partnering with us in developing a wellness plan catered to your pet's unique needs.

Pet's Name _____ Sex: Male / Female Spayed/Neutered? Y or N

DOB or approximate age _____ Breed _____ Colors _____

Microchip # _____ Where did you get your pet? _____

Any medical conditions or medications that we should know about? _____

DATES OF LAST CORE (those that ALL dogs should receive) SERVICES:

Distemper, Parvo, Hepatitis, Parainfluenza Vaccine (aka Distemper) _____

Rabies Vaccination _____

Fecal Exam for Parasites _____

Heartworm Test (Blood Test) _____

Heartworm Preventative _____

Flea/Tick Preventative _____

Leptospirosis Vaccination _____

Where were this done previously? _____

Non-Core Services:

Bordetella Vaccination (Kennel Cough) _____

Lyme Vaccination _____

Other Vaccination _____

Laboratory Tests (Blood, Urine, Glaucoma, etc...) _____

Tell us some more please:

Do you live near/go to a forest preserve or other wooded exposure where deer live? YES NO

What food does your dog eat? _____ How much? _____

Do you know any family medical history for your dog? YES NO

Are there other pets in house? YES NO Who? _____

Does your dog board, go to groomer, doggie daycare Please Circle if Yes to any

Do you travel with your dog? YES NO Where and what seasons? _____