

Aloro Pet Clinic Patient Information
Initial Form

Pet's Name: _____

Species: _____ Breed: _____

Please circle: Male Female Is your pet neutered or spayed? Yes No

Description (color and markings): _____

Age or Date of Birth: _____

Is your pet microchipped? Yes No

Last vaccinations given and date (if known): _____

Last fecal examination (if known): _____

Flea products used: _____

Pet food used: _____

If you're pet is feline:

Does he/she go outdoors? Yes No

Has he/she ever been tested for feline leukemia and feline AIDS? Yes No

If your pet is canine:

When was his/her last heartworm test? _____

Is he/she currently taking a heartworm preventative? Yes No

Please list any previous illnesses or surgeries your pet has undergone:
