

Pet # _____

**Eastmont Animal Clinic
Pet Information**

Pet Name: _____

Species: Canine or Feline (Circle one)

Sex: Male or Female (Circle One)

Spayed or Neutered: Yes or No (Circle One)

Breed: _____

Color: _____

Birthday: _____ **Age:** _____

Date of Last Vaccinations: _____

Location: _____

Micro chipped: Yes or No (Circle One)

Is your pet on any long-term medication: Yes or No (Circle One?)

If yes, what is the medication _____