

# MANCHESTER VETERINARY SERVICES

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## PET INFORMATION

(Please fill out one per pet)

If you already used the Client/Patient Information Submission Portal on our website, you do not need to fill this form out.

**Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex (circle one):**            **Male**                      **Female**

**Altered (circle one):**    **Neutered Male**            **Spayed Female**

**Markings/Color:** \_\_\_\_\_

**Microchip #:** \_\_\_\_\_

**Reason for Visit Today:** \_\_\_\_\_

**Vaccine History:** \_\_\_\_\_

\_\_\_\_\_

**Prior Medical Conditions/Dates:** \_\_\_\_\_

\_\_\_\_\_

**Prior Surgeries/Dates:** \_\_\_\_\_

\_\_\_\_\_

**Any known allergies (Reactions to Medicines or Vaccines):** \_\_\_\_\_

\_\_\_\_\_

**Current Medications your pet is taking with dose and frequency:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_