

V.E.T. Care Hospital and Pet Resort

6901 Granbury Rd
Fort Worth, TX 76133
817-294-9798

Dr. Carlos N. Gibbs

Dr. Bob Verzosa

PATIENT HISTORY

Pet's Name _____ Owner's Last Name _____

Species _____ Breed _____ Color _____

Sex: ___ Male ___ Neutered ___ Female ___ Spayed

Birth Date/Approximate Age: _____

Has your pet ever been hospitalized? _____

If yes, date and reason: _____

Has your pet had any vaccinations? _____

If yes, date and where: _____

Is your pet in compliance with Texas State Law on yearly Rabies vaccination? _____

What is your pet's diet? (Brand Name) _____

Types of treats: _____

Is your cat or dog on heartworm prevention? _____

If yes, what brand are you using? _____

What kind of flea prevention do you use on your pets? _____

Has your cat been tested for feline leukemia? _____

If yes, when and where? _____

Do you brush your pet's teeth? _____

Do you bathe and/or dip your pet? _____

If yes, what brand of shampoo/dip? _____