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 $\underline{www.guilderlandanimalhosp.com}$



Pals for Life

Michael J. Casler, DVM Jennifer R. Haber, DVM Jillian C. Moser, DVM

Please complete the information below so we can keep our records up-to-date. Thank you!

Your Name:			Date:	Pet Name:			
				Species:	dog	cat	other
Yes	No	Do you use a heartworm preventive?	If yes, list name:	Las	st adminis	tered:	
Yes	No	Do you use a flea / tick preventive?	If yes, list name:				
Yes	No	Have you seen fleas on your pet?					
Yes	No	Do you have other pets?	If yes, how many?	dogs	cats		other
Yes	No	Are all other pets currently vaccinated and	d on heartworm and flea pre	vention?			
Yes	No	No Are all other pets in general good health? If no, please explain:					
Yes	No	Does your pet have any behavior issues yo	If yes, please explain:				
What	best de	scibes the amount of time your pet spends outside					
	Few t	imes a day for bathroom / walks50	:50 Indoor/Outdoor	Indoor onl	y		Outdoor only
Does	vour ne	t do any of the following:					
		Board/Daycare Groom	Dog Parks	Obedience/Trainin	g		Travels with you
What	brand o	of food do you feed your pet?		How much & how	often?		
Yes	No	Do you provide any dental care for your pet?	If yes, please explain:				
Yes	No	Have you noticed any lumps or bumps?	If yes, please explain:				
Yes	No	Have you noticed any skin/coat problems?	If yes, please explain:				
Have	vou not	iced any of the following:					
iiavc		ning or labored breathing Limping	Tired	ness / Sluggishness		Appe	tite Loss
		ased thirst Increased				Vomi	
	— Anxie					_	
	Other						
	Other						
Pleas	e descril	be any other health issues you would like to discuss	s with the veterinarian:				
		Would you like more informa	tion regarding any of thes	se services/products	s :		
	Board	·	ental Cleaning / Dental Care			nc	
		<u>——</u>	icrochipping		Wellness Plans Natural Joint Supplements		
		<u> </u>	escription Diets		tural Anti-		
		··· ——	line-only Hours			-	Reminders