



HOWARD COUNTY Animal Hospital

Please Fill Out Form Completely and email with any records to HCAHrecords@gmail.com

Patient Information:

Patient's Name: _____ Dog Cat

Sex: Male Neutered Female Spayed

Microchipped? No Yes Microchip Number: _____

Date of Birth: _____ or, if unknown, approximate age _____

Breed: _____ Color: _____

Previous Vet Information:

Clinic Name: _____

Contact Phone/Email: _____

Are your pet's shots up-to-date: No Yes

Has your pet had a dental procedure: No Yes

Has your pet had a prior surgery other than spay/neuter: No Yes

If yes, please describe _____

Has your pet had a prior illness: No Yes

If yes, please describe _____

Describe your pet's current diet _____

Is your pet on any long term medication: No Yes

If yes, please list _____

Is your pet on flea & tick, and heartworm prevention? Flea & Tick Heartworm