Mansfield Veterinary Health Center :: PO Box 631 :: 619 East Street :: Mansfield Ma 02048
Phone: 508-339-5775 Fax: 508-339-5776

New Patient Medical History

Pets Name: _____

Type: CAT DOG OTHER: _____

Sex: MALE FEMALE SPAYED/NEUTER: YES NO

Color:_____ D.O.B/AGE: _____

Where did you get your pet: _____

Reason for today's visit:

_____

_____

_____

What do you feed your pet:

_____

_____

Does your pet live: INDOORS OUTDOORS BOTH

Heartworm Prevention: YES NO

What type: _____

Flea/Tick Control: YES NO

What type: _____

Is your pet on any medications ? YES NO

If yes, what type and dose? _____

_____

Previous health issues or anything else we should know about your pet?

_____

_____

**** For your pets and others safety, please keep your pet restrained on a leash or in carrier****
Thank you!