



Central Veterinary Hospital
 1212 W. Clinch Ave
 Knoxville, TN 37916
 (865) 525-1167
COMPREHENSIVE PET FORM



Pet's name: _____

Nickname: _____

Breed: _____

Color (specific markings): _____

Date of Birth: _____

Sex; Spayed or Neutered: _____

Allergies to Drugs or medications: _____

Injury or Illness in past 30 days: _____

Currently on medications: _____

Is this pet your first pet? { }Yes { }No

Are you aware pet insurance is available? { }Yes { }No

Are your pets vaccinations up to date? { }Yes { }No

When and where were they given? _____

If no, what needs to be updated?

Your Pet's Vaccination History:	Date of Last Vaccination
Rabies (1 year or 3 year)	{ }1 year { }3 year
DHLP Parvo Corona (dog) (Distemper-Parvo Combo)	
Bordetella (dog) (Kennel Cough)	
Intra Trac II (dog) (Intranasal Kennel Cough)	
Fecal (stool sample)	
Heartworm test/prevention?	
Dist-Rhino Chlamydia (cat) (Feline Distemper Combo)	
Leukemia test (cat)	
Leukocell (cat) (Feline Leukemia)	
Feline Infectious Virus test (cat)	

Diet: _____ How many times per day and how much do you feed your pet? _____

Pet Treats: _____

Does the pet get table scraps? { }Yes { }No

Are there any food intolerances? { }Yes { }No

If so, what? _____

Does your pet have contact with other animals? (i.e. dog park, boarding kennels) _____

Does your pet live indoor, outdoor or both? _____

Client signature: _____ Date: _____