

**FREMONT ANIMAL HOSPITAL
125 SOUTH ROAD
FREMONT, NH 03044
TEL# 603-895-0618**

ANIMAL INFORMATION SHEET

**Thank you for giving FREMONT ANIMAL HOSPITAL the opportunity to care for your pet.
Please take a moment to complete/update your information.**

Today's Date: _____

Animals Name: _____ **Sex: Male:**____ **Female:**_____

Has Animal been Spayed/Neutered? Yes: _____ **No:**_____

Species: (Circle One) DOG CAT BIRD RODENT OTHER_____

Breed: _____

**Please note: If unsure, put breed your DOG looks MOST like; or if a CAT, put either
LONGHAIR, SHORTHAIR or MEDIUMHAIR**

Color: _____ ***Weight** _____

***Walk on scale in waiting room. Cats should be weighed on small scale in exam room.**

Pets Date of Birth: (month)_____ **(year):**_____

Please ESTIMATE if unsure

Date of last known vaccines:

Dog: Heartworm check _____	Cat: Distemper _____
Distemper _____	Rabies _____
Parvo _____	Leukemia _____
Rabies _____	
Kennel Cough _____	
Lyme _____	
Corona _____	

Name of Hospital vaccines were given: _____

Please check here if no previous vaccinations: _____

Place animal was purchased or acquired: _____

Behavioral problems you have with this pet: _____

Number and kind of other pets in household: _____