



# SUNNYVALE VETERINARY CLINIC

## Additional Pet Information

Today's Date \_\_\_\_\_

Owner's Name \_\_\_\_\_  
Last First

Name of Pet: \_\_\_\_\_ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: \_\_\_\_\_ Neutered / Spayed

Breed \_\_\_\_\_ Color \_\_\_\_\_

Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Birth Date/Age \_\_\_\_\_

Microchip Number:

Vaccination History (provide dates if known)

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Leukemia \_\_\_\_\_ Bordetella \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: \_\_\_\_\_ Neutered / Spayed

Breed \_\_\_\_\_ Color \_\_\_\_\_

Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Birth Date/Age \_\_\_\_\_

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Name of Pet: \_\_\_\_\_ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: \_\_\_\_\_ Neutered / Spayed

Breed \_\_\_\_\_ Color \_\_\_\_\_

Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Birth Date/Age \_\_\_\_\_

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