

PET MEDICAL PROFILE

TINIRU INC. DBA PAWSITIVELY PURRFECT

GUEST

Guest Name: _____ Feline Canine Breed: _____

Color/Markings: _____ Male Female Spayed Neutered

HEALTH & MEDICAL HISTORY

Is your pet treated for fleas and ticks? Yes No If yes, what do they use? _____

Does your pet suffer from any of the following? *-Please check all that apply*

Hearing Lose Vision Lose Arthritis Cancer Cognitive Disorders

GI Issues Dementia Joint Issues Heart Problems Kidney Issues

None of the above applies

If so, please explain: _____

Has your pet been to a veterinarian for more than an annual or vaccination in the last 6 months? Yes No

If Yes, please explain: _____

Does your pet have lumps/growths, we should be aware of? Yes No If Yes, please explain: _____

Has your pet undergone any major surgery? Yes No If yes, please explain: _____

Does your pet have any additional medical/health issues not listed above that we should be aware of? Yes No

If yes, please explain: _____

MEDICATIONS

Prescription: _____ Reason/Purpose: _____

How frequent is medication given: Daily Weekly When Necessary Other: _____

Are there any side effects? Yes No If yes, please explain: _____

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TiniRu Inc. (DBA Pawsitively Purrfect)

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