

**V.E.T. CARE HOSPITAL AND PET RESORT**  
**6901 GRANBURY ROAD FORT WORTH TX 76133**  
**DR. CARLOS N. GIBBS, DVM**  
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PATIENT HISTORY

NAME \_\_\_\_\_ OWNER'S LAST NAME \_\_\_\_\_

SPECIES \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_

AGE \_\_\_\_\_ SEX: MALE \_\_\_\_\_ NEUTERED \_\_\_\_\_ (Y/N) FEMALE \_\_\_\_\_ SPAYED \_\_\_\_\_ (Y/N)

Has Your Pet Ever Been Hospitalized? \_\_\_\_\_

If Yes, Give Date And Reason: \_\_\_\_\_

Has Your Pet Had Any Vaccinations? \_\_\_\_\_

If Yes, Give Date and Location Of Vet \_\_\_\_\_

Is Your Pet In Compliance With Texas State Law On Yearly Rabies Vaccinations? \_\_\_\_\_

What Is Your Pet's Diet (Brand Name)? \_\_\_\_\_

Types of Treats? \_\_\_\_\_

Is Your Dog Or Cat On Heartworm Medication? \_\_\_\_\_

If Yes, What Brand Are You Using? \_\_\_\_\_

What Kind Of Flea Prevention Are You Using On Your Pets? \_\_\_\_\_

Has Your Cat Been Tested For Feline Leukemia? \_\_\_\_\_

If Yes, When And Where? \_\_\_\_\_

Do You Brush Your Pet's Teeth? \_\_\_\_\_

Do You Bathe Or Dip Your Pet? \_\_\_\_\_

If Yes, What Brand Of Shampoo/Dip? \_\_\_\_\_