

# Mill Creek Veterinary Hospital

277 Madison Street  
Clarkesville, GA 30523  
(706) 839-1718

## PET INFORMATION

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_

Birth Date \_\_\_\_\_ Breed \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Has your pet been spayed or neutered? Yes No

Color or Markings \_\_\_\_\_

(Please Circle) My pet lives:    inside only    outside only    inside and outside

Please list any past, chronic, or ongoing medical problems with your pet.

---

---

---

---

---

---

complicate \_\_\_\_\_