

**LVAH Low Cost Rabies Clinic Questionnaire**  
**Welcome to Long Valley Animal Hospital!**

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROFESSIONAL FEES MUST BE PAID WHEN SERVICES ARE RENDERED.**

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please Circle: Dog Cat Sex: Male Female Altered: Yes No Is your pet microchipped? Yes

---

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

Date of Last Rabies Vaccine: \_\_\_\_\_ Given by whom/where? \_\_\_\_\_

**Do you have your pet's previous Rabies certificate today?**

Yes No; Explain: \_\_\_\_\_

**Has your pet ever had a vaccine reaction? (Swelling, lethargy, vomiting, tremors)**

No Yes; Explain: \_\_\_\_\_

**Has your pet had any coughing/sneezing/vomiting/diarrhea/no appetite within the past 7 days?**

No Yes; Explain: \_\_\_\_\_

**Is your pet currently under treatment for any medical conditions?**

No Yes; Explain: \_\_\_\_\_

**Is your pet currently taking any medications?**

No Yes; Explain: \_\_\_\_\_

**Has your pet been bitten by any other animal? Has your pet bitten any humans or animals?**

No Yes; Explain: \_\_\_\_\_

**Is there any other health history you would like us to be aware of?**

No Yes; Explain: \_\_\_\_\_

*Thank you for taking the time to detail your pet's medical history for us. Today's visit does not replace an annual physical exam with a veterinarian. If your pet is currently having a medical issue, please schedule an office visit with a doctor. Medical issues (unless emergency in nature) cannot be addressed at today's Rabies Clinic Visit. Please note that any pet deemed unhealthy will not be vaccinated and will be recommended to schedule a follow up exam.*

**I have read and confirm that the above information is correct.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_