

Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811

Husbandry Information

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information about your dog or cat.

Patient name:	Date:
Are there other pets in your home? Yes	No
If yes, please specify:	
What does your pet eat? Please include all foods and treats offered:	
What type and brand food is offered?	
	ies?
Does your pet receive monthly heartworm prevent	
If yes, what brand?:	
Does your pet receive monthly flea and tick preve	ention? Yes No
If yes, what brand?:	
Do you give any supplements? Yes No	
(glucosamine, essential fatty acids, probio	otics, vitamins, other)
If yes, please specify:	
Where does your pet spend time? Indoor or	nly Outdoor only Indoor and outdoor
When your pet is outdoors, your pet is: Loose	Leashed Fenced
Is your pet Supervised? Yes No	
How frequently are the food and water dishes clear	ined?
Has your pet been crate trained? Yes No	
Has your pet received any training? Yes	No
If yes, what kind? Group classes	Private lessons At-home training
Dog: Is your pet potty trained? Yes	No
Cat: Is your pet litter box trained? Yes	No