



Pet Information

Pet Name: _____ DOB: _____

Allergies/Health Conditions: _____

Food

Morning: _____ Dried / Canned _____ Time: _____ Amount: _____

Afternoon: _____ Dried / Canned _____ Time: _____ Amount: _____

Evening: _____ Dried / Canned _____ Time: _____ Amount: _____

Treats per day: _____ Favourite treats: _____

Exercise

Morning: _____ Time: _____ Short 20-30 mins / Med 45 mins / Long 1 hr +

Afternoon: _____ Time: _____ Short 20-30 mins / Med 45 mins / Long 1 hr +

Evening: _____ Time: _____ Short 20-30 mins / Med 45 mins / Long 1 hr +

Favourite route/park: _____

Medication

Morning: _____ Dose: _____ Time: _____

Afternoon: _____ Dose: _____ Time: _____

Evening: _____ Dose: _____ Time: _____

Vet info

McKenzie Veterinary Services _____ 3888 Carey Road _____ 250-727-2125

Doctor Preference: _____

Insurance Company/Policy Number: _____



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