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**Patient #1 Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Unknown: \_\_\_\_\_

Type and Date of Last Vaccinations: \_\_\_\_\_

Microchip Brand: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Has this patient needed to be muzzled or handled carefully when visiting past veterinary offices?  
Please explain if YES: \_\_\_\_\_

Please list any aggressive tendencies or behavior issues this patient has (i.e. aggressive towards  
strangers or other dogs, timid with strangers, etc.): \_\_\_\_\_

**Patient #2 Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Unknown: \_\_\_\_\_

Type and Date of Last Vaccinations: \_\_\_\_\_

Microchip Brand: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

Has this patient needed to be muzzled or handled carefully when visiting past veterinary offices?  
Please explain if YES: \_\_\_\_\_

Please list any aggressive tendencies or behavior issues this patient has (i.e. aggressive towards  
strangers or other dogs, timid with strangers, etc.): \_\_\_\_\_