

ANIMAL MEDICAL HISTORY

Please complete information for all your pets-Thank You	PET # 1	PET # 2	PET # 3
Pet's Name			
Species (Dog, Cat, Bird, etc)			
Breed			
Description (Color and markings)			
Age or Date of Birth (approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of your Pet's Food)			
Daily Medication, Vitamins or Treats			
Shampoo/Flea Products used			
Hours spent Outside Each Day			
VACCINATIONS	Please note the dates the following vaccines were given		
	PET # 1	PET # 2	PET # 3
DOGS: DA2LPP (Distemper/Parvo)			
Bordetella (kennel Cough)			
Corona (Dogs)			
Other Vaccines-please Specify			
Rabies			
CATS: FVRCP (Infectious Diseases)			
FELV (Feline Leukemia)			
FIP (Feline Infectious Peritonitis)			
Rabies			
Other Vaccines-Please Specify			
Heartworm Test (Dogs)			
FELV Test or FIV Test? (Cats)			
Fecal Tests (Stool Exam for Worms)			
Dentistry (Approx. Date Work was Done)			
Geriatric Health Screen (Approximate)			
Medical History-Prior Illness/ Surgery			