

Animal Medical History

Pet # 1

Pet # 2

Pet # 3

Name:

Species (Cat, Dog, other)

Breed

Description (Color)

Age (Years)

Date of Birth

Sex

Altered or Spayed?

Length of Time Owned

Vitamins (Type)

Diet (Kind of pet food)

Reason for visit

Previous veterinarian(s) where records could be obtained if necessary:

Has your pet been treated for any illness in the past year?

Yes_____

No_____

Specify problem(s), medication and dosage, if known.

Comments
