

New Pet Information Sheet

Pet's Name: _____ Birthdate: _____

Previous Vaccine History: (provide last date given)

Canine

Distemper: _____

Lepto: _____

Lyme: _____

Bordetella: _____

Rabies: _____

Heartworm Test _____ (positive or negative)

Feline Vaccines:

Distemper: _____

Leukemia: _____

Rabies: _____

Leukemia Test: _____ (positive or negative)

Allergies: _____

Current Diet: _____