

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 Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Vaccinations	Please note the dates the following vaccines/tests were given		
	Pet #1	Pet #2	Pet #3
DOGS:			
DA2LPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Lyme			
Other Vaccines - Please Specify			
Rabies			
CATS:			
FVRCP (Infectious Diseases)			
FELV (Feline Leukemia)			
Rabies			
Other Vaccines - Please Specify			
Heartworm Test (Dogs/Cats)			
FELV Test or FIV Test? (Cats)			
Fecal Test (Stool Exam for Worms)			
Dentistry (Approx Date Work was Done)			
Geriatric Health Screen (Approximate)			
Medical History - Prior Illness/Surgery:			

Thank You!