

**ANIMAL MEDICAL HISTORY** (Please complete all information for each pet)

#1

Name \_\_\_\_\_

Species(dog, cat, other) \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered? Y or N

How long have you owned? \_\_\_\_\_

Vitamins \_\_\_\_\_

Diet \_\_\_\_\_

Hours spent outside \_\_\_\_\_

What veterinary clinic can we contact regarding vaccination history? \_\_\_\_\_

Any Prior Illness? \_\_\_\_\_

Prior Surgeries? \_\_\_\_\_

Where did you get your pet? \_\_\_\_\_

#2

Name \_\_\_\_\_

Species(dog, cat, other) \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered? Y or N

How long have you owned? \_\_\_\_\_

Vitamins \_\_\_\_\_

Diet \_\_\_\_\_

Hours spent outside \_\_\_\_\_

What veterinary clinic can we contact regarding vaccination history? \_\_\_\_\_

Any Prior Illness? \_\_\_\_\_

Prior Surgeries? \_\_\_\_\_

Where did you get your pet? \_\_\_\_\_