

Animal Medical History

Please complete information for all your pets - Thank You!	Pet # 1	Pet # 2	Pet # 3
Pet's Name			
Species			
Breed			
Description (Color)			
Age or Date of Birth			
Sex			
Altered or Spayed			
Diet (Name of Your Pet Food)			
Vitamins or Treats (Given Regularly)			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Vaccinations	Please write down the dates the vaccines/tests were given.		
DHLPP (Distemper/Parvo - Dogs)			
Corona (Dogs)			
Bordetella (Kennel Cough - Dogs)			
Lyme (Dogs)			
Rabies (Dogs/Cats)			
FVRCP (Infectious Diseases - Cats)			
FELV (Feline Leukemia - Cats)			
Other Vaccines - Please List			
Heartworm Test (Dogs)			
Heartworm Prevention? (Dogs)			
FELV Test or FIV Test? (Cats)			
Fecal Test (Stool Exam for Worms)			
Dentistry (Date Work was Done)			
Geriatric Health Screen			
Medical History - Prior Illness/Surgery:			
	Thank You!		