

Animal Medical History

Please complete information for all your pets - Thank you!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, etc.)			
Breed			
Description (Color/Markings)			
Age or Date of Birth			
Sex	M - F	M - F	M - F
Altered or Spayed	Y - N	Y - N	Y - N
Current Medications			
Vaccinations: Please note the dates the following vaccines/tests were given			
Dogs:			
DHLPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Lyme			
Rabies			
Other: Please specify			
Cats:			
FDRT (Infectious Diseases)			
FELV (Feline Leukemia)			
Rabies			
Other: Please specify			
Heartworm Test (Dogs)			
FELV/FIV Test (Cats)			
Fecal Test			
Medical History - Prior Illness/Surgery:			