

Animal Medical History

Please Complete information for all your pets - Thank you!	Pet # 1	Pet # 2
Pet's Name		
Species (Dog, Cat, Bird, etc.)		
Breed		
Description (Color and Markings)		
Age or Date of Birth (Approximate)		
Sex		
Altered or Spayed?		
Diet (Name of Your Pet's Food)		
Daily Medications, Vitamins or Treats		
Shampoo/Flea Products Used		
Hours Spent Outside Each Day		

Vaccinations	Pet # 1	Pet # 2
DOGS:		
DA2LPP (Distemper/Parvo)		
Bordetella (Kennel Cough)		
Corona (Dogs)		
Other Vaccines- Please Specify		
Rabies		
CATS:		
FVRCP (Infectious Diseases)		
FELV (Feline Leukemia)		
FIP (Feline Infectious Peritonitis)		
Rabies		
Other Vaccines- Please Specify		

Heart worm Test (Dogs)		
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:		

Pet # 3

Pet # 3

[illegible]