

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

	PET # 1	PET #2	PET #3
Name			
Species (cat, dog, other)			
Breed			
Color/Markings			
Date of Birth or Age			
Sex			
Is animal neutered or spayed?			
Length of Time Owned			
Diet (kind of pet food)			
Type of Grooming Products			
Hours Spent Outside Each Day			
VACCINATION HISTORY			
DHLP, Parvovirus (dogs)			
Bordetella (dogs)			
Rabies (dogs/cats)			
FVRCP, Chlamydia (cats)			
Feline Leukemia (cats)			
Heartworm test (dogs)			
Heartworm prevention			
Feline Leukemia/AIDS test (cats)			
Fecal Exam (dogs/cats)			
Dentistry			
Prior Illnesses			
Prior Surgeries			
PET ORIGIN:	<input type="checkbox"/> Humane Society <input type="checkbox"/> Pet Shop <input type="checkbox"/> Kennel <input type="checkbox"/> Breeder <input type="checkbox"/> Friend <input type="checkbox"/> Stray <input type="checkbox"/> Individual (non-breeder)		

Previous veterinarian: _____ **Phone:** _____