

## ANIMAL MEDICAL HISTORY

PLEASE COMPLETE ALL INFORMATION FOR EACH PET

	PET #1	PET #2	PET #3
Name			
Species (dog, cat, etc.)			
Breed			
Description (color)			
Age (years)			
Date of birth			
Sex (spayed or neutered)	<b>M / F      Yes / No</b>	<b>M / F      Yes / No</b>	<b>M / F      Yes / No</b>
Length of time owned			
Diet (kind of pet food)			
<b><u>Clinic where vaccines were done</u></b>	Number:	Number:	Number:
<b>VACCINES (DOG)</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
Rabies	/ /	/ /	/ /
Bordetella	/ /	/ /	/ /
Parvovirus	/ /	/ /	/ /
Distemper (DHLPP)	/ /	/ /	/ /
<b>VACCINES (CAT)</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
Rabies	/ /	/ /	/ /
Leukemia	/ /	/ /	/ /
FVRCP	/ /	/ /	/ /
Fecal (dog or cat)	/ / Negative or Positive	/ / Negative or Positive	/ / Negative or Positive
Heartworm Test	/ / Negative or Positive	/ / Negative or Positive	/ / Negative or Positive
Heartworm Prevention	/ /	/ /	/ /
Flea/Tick Prevention	/ /	/ /	/ /
Prior Illness			

**1)PET ORIGIN:**  Humane Society  Pet Shop  Breeder  Advertisement  Stray  
Other: \_\_\_\_\_

**2)PET ORIGIN:**  Humane Society  Pet Shop  Breeder  Advertisement  Stray  
Other: \_\_\_\_\_

**3)PET ORIGIN:**  Humane Society  Pet Shop  Breeder  Advertisement  Stray  
Other: \_\_\_\_\_