

ANIMAL MEDICAL HISTORY (PLEASE COMPLETE ALL INFORMATION FOR EACH PET)						
	PET #1	PET #2				
Name						
Species (dog, cat, other)						
Breed						
Description & Colors						
Date of Birth/Age						
Sex						
Neutered/Spayed & Date	No Yes = _____	No Yes = _____				
Length of time owned						
Diet (kinds of foods, brands, feeding schedule)						
Supplements (like vitamins, herbals, etc.)						
Type of Grooming Product(s)						
Hours Outside each Day						
Microchipped? Brand (if known)	No Yes = _____	No Yes = _____				
Dog Information						
Vaccine: Distemper/Adenovirus/Parvo (4w, 1 yr, 3 yr)	___/___/___	___/___/___				
Vaccine: Leptospirosis						
Vaccine: Rabies (1 yr or 3 yr)	___/___/___	___/___/___				
Vaccine: Lyme disease	___/___/___	___/___/___				
Vaccine: Kennel Cough (Parainfluenza/Bordetella)	___/___/___	___/___/___				
Fecal exam (intestinal parasites)	___/___/___	___/___/___				
Dewormer / type / dates						
Test: Heartworm/Lyme/Anaplasma/Ehrlichia	___/___/___	___/___/___				
Parasite Prevention						
<small>(brand-Heartguard+, Interceptor, Sentinel, Tri-Heart, etc., summer/yr round)</small>						
Flea Control						
Tick Control						
Other _____						
Cat Information						
Vaccine: Feline Distemper (4w, 1 yr, 3 yr)						
Vaccine: Feline Respiratory viruses (4w, 1 yr, 3 yr)	___/___/___	___/___/___				
Vaccine: Rabies (1 year or 3 year)	___/___/___	___/___/___				
Test: Feline Leukemia & Results	___/___/___	___/___/___				
Vaccine: Feline Leukemia Virus (3w, 1 yr, 3 yr)	___/___/___	___/___/___				
Test: FIV & Results	___/___/___	___/___/___				
Vaccine: FIV (3w, 1 yr)						
FIP vaccine (Primucell)	___/___/___	___/___/___				
Fecal exam (intestinal parasites)	___/___/___	___/___/___				
Dewormer / type / dates						
Flea Control						
Tick Control						
Other _____						
All						
Prior Illnesses, Injuries, Surgeries, Dental work						
Pet obtained from						
Other pertinent information						