

Canine (Dog) New Pet Medical History

Pet's Name: _____

Breed: _____ **Color:** _____

Date of Birth/Age: _____ **Length of time owned:** _____

Sex: _____ **Spayed/Neutered:** _____

Diet and Treats: _____

Supplements/Medications: _____

Heartworm Prevention: _____

Flea and/or Tick Prevention: _____

VACCINATIONS:

Name of Previous Veterinarian: _____

Please give the date each vaccine was last given or test was run:

Canine Distemper/Hepatitis/Parainfluenza (DA2P): _____

Parvovirus: _____

Corona: _____

Bordetella: _____

Rabies: _____ **Was it a 1 year or a 3 year vaccine?** _____

Heartworm Test: _____

Fecal Exam: _____

Have there been any prior illnesses or surgery?

THANK YOU FOR YOUR HELP AND TIME!!