

	Pet #1	Pet #2	
Name			
Species (canine, feline, etc.)			
Breed			
Color			
Birthdate or age			
Sex			
Spayed or neutered?	yes/ no	yes/ no	
Vaccination & Test History	Date		
Canines	DHLPP/ Cv		
	Bordetella (kennel cough)		
	Lyme disease		
	Heartworm test/ results	+ / -	+ / -
Canine/ Feline	Rabies		
Felines	FVRCP		
	FELV (feline leukemia)		
	FIP		
	FELV/ FIV test/ results	+ / -	+ / -
	FIP test/ results	+ / -	+ / -
What brand of food do you feed?			
How much do you feed (cups or cans)?			
Medications your pet is currently taking (please list)			
When was last dose given?			
What are you currently using for flea control?			
Does your pet have any medical conditions or history that we should be aware of?			