

ANIMAL MEDICAL HISTORY

(Please complete all information for each pet)

Pet Origin: Humane Society Pet Shop Kennel Advertisement
 Friend Stray Individual (nonbreeder)

	Pet # 1	Pet #2	Pet #3
Pet's Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Date of Birth			
Age (years)			
Sex			
Length of time owned			
Neutered/Spayed			
Vitamins			
Diet (kind of pet food)			
Type of Grooming Products			
VACCINATIONS			
Name of Former Clinic			
Date of DHPP (distemper/parvo)			
Date of Bordetella (dog)			
Date of K-9 Influenza			
Date of Rabies (dog./cat)			
Date of Heartworm Test			
Name of Heartworm Preventative			
Date of FVRCP (infectious disease-cat)			
Date of Feline Leukemia			
Date of Feline Bordetella			
Date of Fecal Exam (worms dog/cat)			
Other Vaccinations			
Prior Illness			
Prior Surgery(s)			
Dentistry			