

Animal Medical History Please complete all information for each pet.	PET 1	PET 2	PET 3
Name			
Cat, Dog or Other			
Breed			
Description (color)			
Age (years)			
Date of Birth (if known)			
Sex (M or F)			
Altered (Neutered or Spayed)			
Is your pet Indoor, Outdoor or Both?			
is your pet on any medications?			
Has your pet had any reactions to medications or allergies?			
Vaccinations			
DHLP (distemper - dog)			
Parvovirus (dog)			
FVRCP (infectious disease - cat)			
Rabies (dog/cat)			
Feline Leukemia Vaccination			
Other Vaccines			
Heartworm Test/Medication			
Last Fecal Exam (worms -dog/cat)			
Dentistry			
Prior Illness			
Prior Surgery			
Comments			