

Pet Health History

(Please complete all information for each pet, including dates where possible)

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species (cat or dog)				
Breed				
Description (color, markings)				
Date of Birth				
Age (years)				
Sex				
Spayed or Castrated?				
Length of Time Owned				
Diet (brand/type of pet food; table scraps?)				
Vitamins (type, if any)				
Type of Grooming Products				
Hours Spent Outside Each Day				
VACCINATIONS: Dog				
DHLP-P (Distemper-Parvo)				
Bordetella ("Kennel Cough")				
VACCINATIONS: Cat				
FVRCP (Upper Respiratory Disease)				
FeLV (Feline Leukemia Virus)				
VACCINATIONS: Other				
Rabies				
Other (FIP, Corona, Lyme, etc)				
Feline Leukemia FIV Test (Cat)				
Heartworm Test (Dog)				
Heartworm Prevention				
Fecal Exam (Test for worms)				
Dentistry (Teeth cleaning, extractions)				
Prior Illness				
Prior Surgery (Other than neuter)				
PET ORIGIN: Humane Society Friend or Relative	□ Other Shelter □ Stray	□ Breeder Kennel □ Pet Shop	 □ Born to your pet □ Individual (nonbreeder) 	