



PET INFORMATION

NAME _____

SPECIES CANINE (DOG) FELINE (CAT)
(CIRCLE ONE)

BREED (DOG) _____

BREED (CAT) SHORT HAIR LONG HAIR OTHER
(CIRCLE ONE)

COLOR _____ BIRTHDATE _____

SEX MALE NEUTERED MALE
(CIRCLE ONE)
 FEMALE SPAYED FEMALE

PET MEDICAL HISTORY

VACCINATION DATES

CANINE RABIES _____ DHLPP _____ HW TEST _____ OTHER _____
 1 YR OR 3 YR

FELINE RABIES _____ FVR-CP _____ FELUK _____ OTHER _____
 1 YR OR 3 YR

DATE OF LAST EXAM _____

DATE OF LAST DENTAL _____

IS YOUR PET ON ANY MEDICATION? YES _____ NO _____

IF YES, PLEASE LIST _____

ARE THERE PRE-EXISTING MEDICAL CONDITIONS? YES ___ NO ___

IF YES, PLEASE EXPLAIN _____

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES,
HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL
VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.**