

**Animal Medical History**

**Please complete information for all your pets - Thank You!**

**Pet #1 Name** \_\_\_\_\_ **Species** (Dog, Cat, Bird, etc.)

**Breed** \_\_\_\_\_ **Description** (Color and Markings) \_\_\_\_\_

**Age or Date of Birth** (Approximate) \_\_\_\_\_

**Sex:** M - F **Altered or Spayed:** Y - N **Diet** (Name of Your Pet's Food) \_\_\_\_\_

Daily Medications, Vitamins or Treats  
\_\_\_\_\_

Flea/Tick Products Used \_\_\_\_\_

**Pet #2 Name** \_\_\_\_\_ **Species** (Dog, Cat, Bird, etc.)

**Breed** \_\_\_\_\_ **Description** (Color and Markings) \_\_\_\_\_

**Age or Date of Birth** (Approximate) \_\_\_\_\_

**Sex:** M - F **Altered or Spayed:** Y - N **Diet** (Name of Your Pet's Food) \_\_\_\_\_

Daily Medications, Vitamins or Treats  
\_\_\_\_\_

Flea/Tick Products Used \_\_\_\_\_

**Pet #3 Name** \_\_\_\_\_ **Species** (Dog, Cat, Bird, etc.)

**Breed** \_\_\_\_\_ **Description** (Color and Markings) \_\_\_\_\_

**Age or Date of Birth** (Approximate) \_\_\_\_\_

**Sex:** M - F **Altered or Spayed:** Y - N **Diet** (Name of Your Pet's Food) \_\_\_\_\_

Daily Medications, Vitamins or Treats  
\_\_\_\_\_

Flea/Tick Products Used \_\_\_\_\_

**Vaccinations:**

*Please note the dates the following vaccines/tests*

**Pet #1**

**Pet #2**

**DOGS/CATS**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Rabies

Dappv-L2

DappvCv

Influenza

Bordatella

Heartworm Test

Heartworm Prevention

Flea&/orTickPrevention

FVRCP

FVRCP/FELV

Flea&/orHeartworm  
Prevention

FELV Test or FIV Test

Other Vaccines - Please  
Specify

**Fecal Test** (Stool Exam  
for Worms)

**Dentistry**(ApproxDate  
Work was Done)

**Bloodwork/Lab  
Testing**

**Medical History -  
Prior Illness/Surgery:**

