

PET INFORMATION

PREVIOUS RECORDS CAN BE OBTAINED FROM: _____

NAME AND TELEPHONE NUMBER OF PREVIOUS VETERINARY OFFICE

PATIENT INFORMATION	PET 1	PET 2	PET 3
NAME			
SPECIES (Cat/Dog/Other)			
BREED			
DESCRIPTION (Color)			
DATE OF BIRTH/AGE (YEARS)			
SEX			
NEUTERED/SPAYED <small>(MALE) (FEMALE)</small>			
MICROCHIP NUMBER			

VACCINATIONS/CHECKUPS TESTS	Yes/No (Date)	Yes/No (Date)	Yes/No (Date)
RABIES (Dog and Cat/ 1,2, or 3 year)	Y N _____	Y N _____	Y N _____
DHLPP-PARVO (Distemper-Dog)	Y N _____	Y N _____	Y N _____
HEARTWORM TEST (Dog & Cat)	Y N _____	Y N _____	Y N _____
HEARTWORM PREVENTION (Dog & Cat)	Y N _____	Y N _____	Y N _____
BORDETELLA (Dog & Cat)	Y N _____	Y N _____	Y N _____
FECAL CHECK (Worms)-(Dog & Cat)	Y N _____	Y N _____	Y N _____
FVRCP-P (Infectious Diseases-Cat)	Y N _____	Y N _____	Y N _____
FELINE LEUKEMIA TEST	Y N _____	Y N _____	Y N _____
FELINE LEUKEMIA VACCINE	Y N _____	Y N _____	Y N _____
OTHER VACCINES (List)	Y N _____	Y N _____	Y N _____
DENTISTRY	Y N _____	Y N _____	Y N _____

Any previous illnesses or surgeries? _____

Any food/drug/vaccination allergies? _____