Pet Health History

Name of Pet _____ ❑ Dog ❑ Cat ❑ Other _____

Breed _____ Color _____ Birth Date/Age_____

❑ Male—Neutered? Yes❑ No❑ ❑ Female—Spayed? Yes❑ No❑

Vaccination History (Date of last vaccines) *Rabies*_____

Feline: *FVRCP (3-in-1 or 4-in-1))*_____ *FeLV (Leukemia)*_____ *Other*_____

Canine: *DHLPPC (5-in-1, 6-in-1, 7-in-1)*_____ *Bordatella*_____

Current medications_____

Please check any symptoms or problems that you have noticed about your pet.

❑ Behavior Problems
❑ Bleeding Gums
❑ Breathing Problems
❑ Coughing
❑ Diarrhea
❑ Eye Bulging or Bloodshot
❑ Gagging
❑ Lack of Appetite
❑ Limping
❑ Loss of Balance
❑ Scooting
❑ Scratching
❑ Seems Depressed
❑ Shaking Head
❑ Sneezing
❑ Thirst and/or Urination Increased
❑ Vomiting
❑ Weakness
❑ Other _____
_____

Where did you get this pet?_____

How long have you had this pet?_____

Is this pet (circle one) *indoor only* *outdoor only* *indoor & outdoor* *other/undecided*

Comments?

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