

HOWDERSHELL ANIMAL CLINIC

Animal Medical History

| Please complete information for all of your pets – Thank You! | Pet #1 | Pet #2 | Pet #3 |
|---|--|--------|--------|
| Pet's Name | | | |
| Species (Dog, Cat, Bird, etc.) | | | |
| Breed | | | |
| Description (Color and Markings) | | | |
| Age or Date of Birth (approximate) | | | |
| Sex | M – F | M – F | M – F |
| Altered or Spayed? | Y – N | Y – N | Y – N |
| Allergies or Alerts | | | |
| Daily Medications, Vitamins, or Treats | | | |
| Shampoo/Flea Products Used | | | |
| Microchip # | | | |
| Vaccinations | Please note the dates the following vaccinations/tests were given | | |
| | Pet #1 | Pet #2 | Pet #3 |
| DOGS: | | | |
| DA2LPP (Distemper/Parvo) | | | |
| Bordetella (Kennel Cough) | | | |
| Rabies | | | |
| Other Vaccines – Please Specify | | | |
| CATS: | | | |
| FVRCP (Infectious Diseases) | | | |
| FELV (Feline Leukemia) | | | |
| Rabies | | | |
| Other Vaccines – Please Specify | | | |
| Heartworm Test | | | |
| FELV Test or FIV Test (Cats) | | | |
| Fecal Test (Stool Exam for Worms) | | | |
| Dentistry (Approx Date Work Was Done) | | | |
| Geriatric Health Screen (Approximate) | | | |
| Medical History – Prior Illness/Surgery: | | | |
| | | | |
| | | | |
| <i>Thank You!</i> | | | |