Veterinarian/Clinic name: _________________________________  Clinic Phone: __________________

Please provide vaccination and treatment history of your pet:

<table>
<thead>
<tr>
<th>VACCINE/TREATMENT</th>
<th>DATE</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies</td>
<td></td>
<td>□ 1 year  □ 3 year</td>
</tr>
<tr>
<td>DHPP (Distemper/Parvo)</td>
<td></td>
<td>□ 1 year  □ 3 year</td>
</tr>
<tr>
<td>FVRCP (Herpes/Calici/Panleukopenia)</td>
<td></td>
<td>□ 1 year  □ 3 year</td>
</tr>
<tr>
<td>Bordetella (Kennel cough)</td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Flea preventative</td>
<td></td>
<td>□ Topical  □ Oral  □ Collar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Product name: ____________________</td>
</tr>
<tr>
<td>Heartworm preventative</td>
<td></td>
<td>□ Topical  □ Oral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Product name: ____________________</td>
</tr>
<tr>
<td>Dewormer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other vaccines (e.g., FeLV, FIV, Lepto, Lyme, Canine influenza, other)

FIV/FeLV testing (cats only)  Result: + -
Heartworm testing  Result: + -
Other: ____________________

Does your pet have any current medical conditions or symptoms? If so, please describe.

- □ Allergies: ____________________
- □ Skin condition: ____________________
- □ Ear infections
- □ Eye condition: ____________________
- □ Blindness
- □ Deafness
- □ Heart condition: ____________________
- □ Respiratory condition: ____________________
- □ Coughing
- □ Sneezing
- □ Dental/oral problems: ____________________
- □ Abnormal urination
- □ Abnormal defecation
- □ FIV (Feline Immunodeficiency Virus)
- □ FeLV (Feline Leukemia Virus)
- □ Gastrointestinal issues
  - o Vomiting
  - o Diarrhea
  - o Other: ____________________
- □ Diabetes
- □ Kidney disease
- □ Hypothyroidism
- □ Hyperthyroidism
- □ Masses: ____________________
- □ Cancer: ____________________
- □ Limping/lameness: ____________________
- □ Arthritis
- □ Seizures
- □ Behavioral disorders: ____________________
- □ Other: ____________________

AID#___________________________  veterinary history form 10/2/2019
Please list any other medical conditions, past or present:

____________________________________________________________________________________

Is your pet taking any medications? Please list all medications including medicated shampoos and supplements, dosage and how often administered:
____________________________________________________________________________________

____________________________________________________________________________________

Does your pet have any current injuries? If so, describe what, when and how the injury occurred.

____________________________________________________________________________________

____________________________________________________________________________________

Please list your pet’s diet, including brand, canned or kibble, and frequency; and any treats or people food given:
____________________________________________________________________________________

____________________________________________________________________________________