



# Veterinary History



Veterinarian/Clinic name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

Please provide vaccination and treatment history of your pet:

VACCINE/TREATMENT	DATE	TYPE
Rabies		<input type="checkbox"/> 1 year <input type="checkbox"/> 3 year
DHPP (Distemper/Parvo)		<input type="checkbox"/> 1 year <input type="checkbox"/> 3 year
FVRCP (Herpes/Calici/Panleukopenia)		<input type="checkbox"/> 1 year <input type="checkbox"/> 3 year
Bordetella (Kennel cough)		n/a
Flea preventative		<input type="checkbox"/> Topical <input type="checkbox"/> Oral <input type="checkbox"/> Collar Product name: _____
Heartworm preventative		<input type="checkbox"/> Topical <input type="checkbox"/> Oral Product name: _____
Dewormer		
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
  - Vomiting
  - Diarrhea
  - Other: \_\_\_\_\_
- Diabetes
- Kidney disease
- Hypothyroidism
- Hyperthyroidism
- Masses: \_\_\_\_\_
- Cancer: \_\_\_\_\_
- Limping/lameness: \_\_\_\_\_
- Arthritis
- Seizures
- Behavioral disorders: \_\_\_\_\_
- Other: \_\_\_\_\_

AID# \_\_\_\_\_

Please list any other medical conditions, past or present:

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

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

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

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