

Pet's Medical History

Name: _____ Breed: _____

Birthdate (approx if unknown): _____ Time Owned: _____ Color: _____

Sex: Male [] Female [] Is your pet spayed/neutered: Yes [] No []

Native to Arizona? Yes [] No [] State(s) pet has traveled to: _____

Type of diet: _____ Other Pets: _____

Dates of Last Vaccines

Dog	Date
Rabies	
DA2PP (Parvo Distemper combo)	
Bordetella (Kennel Cough)	
Lyme	

Cat	Date
Rabies	
FVRCP (Upper Respiratory Distemper combo)	
Feline Leukemia Virus	
FIP	

Ferret	Date
Rabies	
Distemper	

Dates of last Diagnostic Tests:

Dogs and cats:

Fecal exam for parasites: _____ Heartworm test: _____

Cats only:

Feline Leukemia Virus Test: _____ Feline Immunodeficiency Virus Test: _____

Other medical history:

Previous medical problems/medications: _____

Any known allergies (to what): _____

Is your pet Microchipped? Yes [] No [] If yes, what is the ID# _____

If no, would you like us to Microchip your pet for you? Yes [] No []