

CANINE PET HEALTH HISTORY

Thank you for giving us the opportunity to care for your pet.
To help us provide optimal healthcare, please take time to fill out this information.

Pet's Name _____

Birthdate / Age _____ Please circle: Exact Estimated

Breed _____ Color _____

Please Circle: Intact Female Spayed Female Intact Male Neutered Male

Please circle how you would best describe your pet's temperament for examination:

Friendly Nervous / May Bite Please Muzzle / Will Bite

Please fill out the following information to the best of your ability. We can confirm much of this information from previous records if they are available. If you have any questions about this information, our veterinary technicians will assist you as they review your pet's medical history.

Reason for Today's Visit _____

Current Medications / Supplements _____

Allergies / Allergic reactions _____

Current Diet _____

Date of Last Stool Check _____ Date of Last Deworming _____

Date of Last Heartworm Test _____ Did it also check for Lyme? _____

Heartworm Preventative (Circle):

Interceptor Heartgard Plus Revolution Other _____

Heartworm Prevention Used (Circle): Seasonally Year Round

When did you last apply flea/tick prevention? _____

Produce used (Circle):

Frontline Advantage Revolution BioSpot Hartz Other _____

Most recent DHPP [Distemper Combo] Vaccination Date _____

Most recent Leptospirosis Vaccination Date (if applicable) _____

Most recent Bordetella (Kennel Cough) Vaccination Date (if applicable) _____

Most recent Lyme Vaccination Date [if applicable] _____

Most recent Rabies Vaccination Date _____

Vaccine Length [Please circle]: 3 Year 2 Year 1 Year

Does your dog travel out of the area? Where? _____

Do you have plans to board or travel in the next 6-12 months? _____

Do you trim your dog's nails: Yes No Would like to learn

Do you brush your dog's teeth: Yes No Would like to learn

Date of last dental cleaning (if applicable) _____

Other Pets in Household: Cat(s) Dog(s) Other

Comments _____