

Pet Health History

****One Pet per Form****

Name of Pet _____ O Dog O Cat O Other Sex: O Male O Neutered O Female O Spayed

Breed _____ Color _____ Birthdate / Age _____

Name of Previous / Current Veterinarian _____ Phone (____) ____-_____

Date of last Veterinarian visit _____

Vaccination History:

Who provided the vaccinations: _____

If your pet is a DOG, Please list the dates of the last vaccines: Heartworm Test __/__/__

Rabies __/__/__ Distemper/Parvo __/__/__ Bordetella __/__/__ Fecal Test __/__/__ O Neg O Pos For what? _____

If your pet is a CAT, Please list the dates of the last vaccines: Rabies __/__/__ FVRCP __/__/__ FeLv __/__/__

FeLv / Fiv Test __/__/__ O Neg O Pos For what? _____ Fecal Test __/__/__ O Neg O Pos For what? _____

Does your pet have any known allergies? YES or NO If yes, please explain _____

Pet's current medication(s) _____

Is your pet currently on a monthly heartworm preventive? Yes or No If yes, please explain _____

Is your pet currently on a monthly flea & tick preventive? Yes or No If yes, please explain _____

Has your pet had any previous vaccine reactions? Yes or No If yes, please explain _____

Has your pet been unwell in the last week (vomiting, diarrhea, sneezing, coughing etc.)? If yes, please explain _____

Does your pet have any past or present major illness or condition? Yes or No If yes, please explain _____

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges for my pet. I also understand that charges for any products or services will be paid for in full at the time of release and that a deposit may be required for surgical treatment.

In order to become a client of Heroes Spay and Neuter Clinic, we also ask that you agree to never physically hit your pets.

Signature of Owner _____ Date __/__/__