



**Shoreline Animal Hospital**

Your Name: \_\_\_\_\_

**PET INFORMATION**

Pet's Name: \_\_\_\_\_ CANINE FELINE  
 Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex: MALE FEMALE Spayed/Neutered: YES NO Weight: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Description: \_\_\_\_\_

**VACCINATION HISTORY**

<b>CANINE</b>	<b>DATE LAST GIVEN</b>		<b>FELINE</b>	<b>DATE LAST GIVEN</b>
<b>DISTEMPER/PARVO</b>			<b>DISTEMPER</b>	
<b>LYME</b>			<b>LEUKEMIA</b>	
<b>RABIES</b>			<b>RABIES</b>	
<b>BORDETELLA</b>			<b>FIV</b>	
<b>LEPTOSPIROSIS</b>			<b>LEUKEMIA/FIV TEST</b>	
<b>HEARTWORM TEST</b>			<b>FECAL EXAM</b>	
<b>FECAL EXAM</b>				

What kind of heartworm prevention is your pet taking? \_\_\_\_\_

What kind of flea and tick prevention is your pet taking? \_\_\_\_\_

Please list any prior surgeries or medical problems to aid in the diagnosis and treatment of your pet.  
 \_\_\_\_\_

Has your pet had prior reactions to any medication or vaccines in the past? If YES, please explain.  
 \_\_\_\_\_

**PLEASE LIST ANY MEDICATIONS YOUR PET IS CURRENTLY TAKING**

<b>MEDICATION</b>	<b>DOSE</b>	<b>DOSE LAST GIVEN</b>

Where could we obtain your pet's previous medical records?

Veterinary practice name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In making you and your pet a little more comfortable, and to help us in doing so, please check the following that apply:**

- \_\_\_\_\_ GOOD, PASSIVE TEMPERAMENT; FRIENDLY WITH OTHER PETS AND STRANGERS
- \_\_\_\_\_ CAN BE A LITTLE TOUCHY; GETS SCARED EASILY; MAY NIP OR BITE
- \_\_\_\_\_ USE CAUTION; CAN BE AGGRESSIVE

