



# Pet Medical History

## PERSONAL

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Distinguishing markings \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

## MEDICATIONS

Name	Dosage	Frequency	Veterinarian

Medical Condition	Treatment	Veterinarian

\*Include all conditions even those medicated with over the counter medications

## SURGERIES

Surgery	Date	Veterinarian

ALLERGIES to foods, medications, insect bites, etc.

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VACCINATIONS and IMMUNIZATIONS: Type and date

Type	Date	Notes