

***You Work, I'll Play***  
**MEDICAL HISTORY**

Owner's Name \_\_\_\_\_

Dog's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Neutered/Spayed    Y            N

Date of last yearly examination by a veterinarian \_\_\_\_\_

Can you provide a copy of your veterinary records of the following vaccination dates?

Rabies \_\_\_\_\_      Distemper \_\_\_\_\_      Bordetella \_\_\_\_\_

Brand of Heartworm preventative \_\_\_\_\_

Brand of Flea preventative \_\_\_\_\_

Has your dog had any communicable diseases/conditions in the past 60 days?    Y            N

If Yes, explain:

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Are there any other conditions we should be aware of (i.e. seizures, hip or heart problems, etc.)?

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Is your dog on a special diet?    Y            N

If Yes, explain:

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Is your dog on any medications? Y N

Medication name(s), reason, and time of administering:

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If your dog has any allergies please explain them:

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