

**Pet Information – submit one for each pet**

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Pet's Name: \_\_\_\_\_

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

Approx. date of birth: \_\_\_\_\_ Sex: (M) (F) Spayed/neutered?: (Y) (N)

**Medical Conditions and Health Record**

Conditions or Health Concerns: \_\_\_\_\_

\_\_\_\_\_

Prescriptions: \_\_\_\_\_

Schedule: \_\_\_\_\_

Allergies: \_\_\_\_\_

Digestive or elimination habits or problems we should be aware of: \_\_\_\_\_

\_\_\_\_\_

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**Immunizations**

We require written proof of the following vaccinations at check-in time.

	Date Given
<b><u>Dogs and Cats</u></b>	
Rabies	
Distemper	
<b><u>Dogs Only</u></b>	
Bordatella	
Hepatitis	
Parainfluenza	
Parvovirus	
Corona Virus (*)	
Leptospirosis (*)	
Lyme Disease (*)	
<b><u>Cats Only</u></b>	
Feline Luekemia (*)	
FIP (*)	

\*Recommended but not required.