



## Pet Health Report

Pet's name: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Phone: \_\_\_\_\_

### To be completed by veterinarian

Species	Sex	Color	Age	Size
Dog Cat Other (specify) _____	Male Female Neutered?	Describe: _____	Under 12 months 12 months or older	Under 20 lbs. 20-50 lbs. 50 lbs. or over

### Vaccinations

Canine	Date Vaccinated	Feline	Date Vaccinated
Distemper		Panleukopenia	
Hepatitis		Rhinotracheitis	
Leptospirosis		Calicivirus	
Parvovirus			
Bordetella			

### Physical Examination

Condition	Comments
General appearance	
Coat/skin/nails	
Heart/lungs	
Eyes	
Ears	
Teeth	
Urogenital	
Muscle/bones	
Temperament	
Evidence of flea/tick infestation?	Yes                      No
Other	

Comments:

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I certify, as an accredited veterinarian licensed to practice in this state, that the above described animal has been examined by me on this date and shows no sign of any infectious or contagious disease. Current vaccinations and spay/neuter status are as indicated above.

Veterinarian's Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_