



Pet Health Report

Pet's name: _____ Date _____

Owned by: _____

Dog Cat Bird Other: _____ Breed: _____
 Male Female Spayed or Neutered Age: _____ Color: _____

Vaccinations



Canine

- Distemper
- Distemper/Measles
- (CAV-2) Hepatitis
- Lepto C & I
- Parvo Virus
- Bordetella
- Corona Virus
- Other: _____



Feline

- Panleukopenia
- Rhinotracheitis
- Calici Virus
- Leukemia
- Chlamydia
- Other: _____

Vaccinations Expire: _____

Physical Examination

	N*	A	Comments
1. General appearance			
2. Coat/Skin/Nails			
3. Heart/Lungs			
4. Eyes			
5. Ears			
6. Teeth			
7. Urogenital			
8. Muscle/Bones			
9. Temperament			
10. Other: _____			
11. Evidence of flea/tick infestation: <input type="checkbox"/> Yes <input type="checkbox"/> No			

* N=Normal / A=Abnormal

Comments

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 _____