



# 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 \_\_\_\_\_