

# Dreya's Place: A Pet Haven, LLC – Medical Information

(to be complete by your Veterinarian)

Date: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Pet(s) Name: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed(s): \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

## CANINE

Vaccines	date
DHLP	_____
Parvo	_____
Corona	_____
Bordatella	_____
Lyme	_____
Rabies	_____

Lab.	Date
Occult HW	_____
Filter HW	_____
Fecal Ex.	_____

HW Prev. \_\_\_\_\_ Flea Control used: \_\_\_\_\_ Microchip or other ID: \_\_\_\_\_

Any medications: \_\_\_\_\_ Last dental: \_\_\_\_\_

Dietary needs: \_\_\_\_\_

Other lab results (date and abnormal findings): \_\_\_\_\_

## FELINE

vaccines	date
FVRCP	_____
Leukemia	_____
FIP	_____
Rabies	_____

Lab	date
Fecal Ex.	_____
FeLeuk/FIV	_____

- Allergies/Drug reactions?
- Any behavioral problems toward people or other animals?
- Other health problems (please give date and brief description)

Comments:

Veterinarian's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email/fax: \_\_\_\_\_

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