

**BELL ANIMAL & BIRD HOSPITAL**  
ANIMAL MEDICAL HISTORY

(PLEASE COMPLETE ALL INFORMATION FOR EACH PET)

Name	#1	#2	#3
Species (cat, dog, other)			
Breed			
Description (color)			
Age (years)			
Date of Birth			
Sex			
Length of Time Owned			
Neutered or Spayed			
Prior Surgery			
Prior Illness			
Dentistry			
Vitamins (type)			
Diet (kind of pet food)			
Type of Grooming Products			
Hours Spent Outside Each Day			
<b>VACCINATIONS</b>			
DHPP (Distemper-Dog)			
Parvovirus (Dog)			
Rabies (Dog/Cat)			
FVRCP (Infectious Diseases-Cat)			
Feline Leukemia Test			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam (Worms –Dog/Cat)			

**PET ORIGIN: (circle one)**

Humane Society  
Pet Shop

Friend  
Advertisement

Kennel  
Stray