**Owner Information:**

* Owner's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Information:**

* Animal Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Breed (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Identification (e.g., tag number, microchip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Acquisition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History:**

1. **Vaccinations:**
   * Up-to-date vaccinations
   * Vaccination records attached
   * Needs vaccinations (specify which)
2. **Previous Health Issues:**
   * None
   * Past health issues (describe):

[Description of past health issues and treatments]

**Current Health Status:**

1. **Signs and Symptoms:**
   * Lethargy
   * Coughing/Sneezing
   * Diarrhea
   * Vomiting
   * Lameness
   * Skin issues (describe):
   * Other (specify):
2. **Current Medications:**
   * None
   * Medications in use (list names and dosages):
3. **Diet and Nutrition:**
   * Fed commercially available pet food
   * Homemade diet (describe):
   * Free access to water
   * Special dietary considerations (specify):

**Examinations and Tests:**

1. **Routine Health Examinations:**
   * Regular veterinary check-ups
   * Last examination date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Recent Diagnostic Tests:**
   * Blood tests
   * X-rays
   * Ultrasound
   * Fecal analysis
   * Other (specify):

**Behavioral Changes:**

* Changes in behavior (e.g., aggression, anxiety)
* Environmental changes (e.g., new home, other animals)
* Describe any changes or concerns:

**Additional Information:**

* Recent travel or exposure to other animals
* Recent exposure to disease outbreaks

**Veterinarian Information:**

* Veterinary Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Veterinarian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** [Additional information, concerns, or notes]