

Note: This is a sample medical record that you can adapt to fit your particular situation.

Medical Record

Name of pet _____ Breed _____

Color _____ Markings _____

Date of birth _____ Approximate ___ Exact ___

Sex: ___ Male ___ Female

Neutered or spayed? ___ Yes ___ No If yes, date of surgery _____

General history _____

Veterinarian's name _____ Phone _____

Date of FeLV test (feline only) _____ Results: ___ Pos ___ Neg

Date of FIV test (feline only) _____ Results: ___ Pos ___ Neg

Date of heartworm test (canine only) _____ Results: ___ Pos ___ Neg

Other vaccination _____ Date _____

Other vaccination _____ Date _____

Other vaccination _____ Date _____

Illnesses, treatments _____

Other comments _____
