

# Fourmile Veterinary Clinic Medical Records

Owner's Name: \_\_\_\_\_

## Pet Health Information:

Name of Pet \_\_\_\_\_ Dog  Cat  Horse  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male **or**  Neutered/Castrated Male  Female **or**  Spayed Female

Vaccination History (Date and type of last vaccinations) \_\_\_\_\_

Any previous serious illness or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any medications? \_\_\_\_\_

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