

Maury County Veterinary Hospital
1118 West 7th Street
Columbia, Tennessee 38401
(931) 388-4750

Pet Vital Statistics Record

Name _____ Species (Dog, Cat, etc.) _____

Breed _____ Mixed? _____ Yes _____ No _____

Color _____ Age/Birthdate _____ Sex _____ Neutered? _____

Microchip _____ Yes _____ No _____ Microchip ID Number _____

Medical History

Allergies to drugs or medications? _____

Date of last veterinary visit? _____

Is your pet currently taking medications? _____

List all medications currently being taken _____

Are your pet's vaccinations up to date? _____

What clinic name or veterinarian were these vaccinations given? _____

What city/state? _____

Dog Vaccines **Date**

Canine Distemper _____

Canine Parvo _____

Canine Hepatitis _____

Canine Leptospirosis _____

Canine Rabies _____

Cat Vaccines **Date**

Feline Distemper _____

Feline Rhino/Calici _____

Feline Leukemia _____

Feline Rabies _____

F.I.P. _____

Has your pet ever been tested for heartworms? () Yes – date if known _____ () No

Is your pet currently taking a heartworm preventative? () Yes – type? _____ () No

Has your dog ever been treated for heartworm disease? () Yes – date if known _____ () No

Are you currently using any products for flea control? () Yes Product _____ () No

Has your cat ever been tested for feline leukemia? () Yes – date if known _____ () No

Is your pet being fed any special diet? () Yes Name of food _____ () No

Do you feed your pet treats? () Yes Name of treats _____ () No

Does your pet live indoors, outdoors or both? _____