

Owl Creek Kennel Health/Medical Evaluation (Canine)

Owners Name: _____ Phone number: _____ Date ___/___/___

Pets Name: _____ Breed: _____ Color: _____

Check one: Male ___ Neutered ___ Female ___ Spayed ___ Date of Birth: ___/___/___

Name of your regular veterinarian: _____ Phone number: _____

Heartworm Medications: _____ Date last given: ___/___/___

Flea/Tick Preventative: _____ Date last given: ___/___/___

Vaccinations:

Rabies _____	Last Given ___/___/___
Distemper/Parvo/Adeno _____	Last Given ___/___/___
Bordatella/Parainfluenza _____	Last Given ___/___/___
Canine Influenza _____	Last Given ___/___/___
Lepto _____	Last Given ___/___/___

When was the last time your pet had a fecal test done? _____

Was it negative/clear? Yes ___ No ___

If no, please list what was found, how it was treated, and how long ago the test/treatment was done.

Has your dog had any communicable illnesses in the last 30 days? Yes ___ No ___

If yes, what was it and how it was treated: _____

Does your dog have any allergies? (food, medication, environmental) Yes ___ No ___

If yes please list: _____

Has your dog been diagnosed with any medical conditions? (heart condition, seizures, etc):

Yes ___ No ___

If yes please explain: _____
