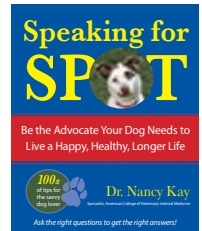


Health History Form



Dog's Name _____

Date of Birth _____

Vaccinations

Dates of Inoculation

Date to Revaccinate/Run Serology

Distemper _____

Parvovirus _____

Hepatitis _____

Rabies _____

Other _____

Heartworm Test Results

Dates of Tests

Past Major Illnesses/Injuries

Date _____ Type of Illness/Injury _____

Past Surgical Procedures

Date _____ Type of Surgery _____

Negative Reactions to Medications and Vaccines

Date _____ Name of Drug _____ Type of Reaction _____

Known Health Issues in Dog's Parents, Grandparents, Siblings, Aunts and Uncles

Relation _____ Illness _____ Age (at the time of diagnosis) _____