

# Humane Society of Washington County

## Canine Medical History

Name:		Date of Intake:	Male / Female
Breed:		Looks Like:	
Description/Color:			Est. DOB:
Origin:			Weight:
Microchip Company & Number:			
Spay/Neuter Date:		Where:	
Heartworm Test Date:		Results:	
<b>Vaccines</b>			
Date Given	Vaccine Type	Date Due	
	Rabies 1 Year Tag#		
	Rabies 3 Year Tag#		
<b>Dewormings</b>			
Date Given	Type Used		
<b>Flea Control and Heartworm Prevention</b>			
Date Given	Type Used		
<b>Other Medical History:</b>			