

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:	
Vaccines			
Date Given	Vaccine Type	Date Due	
	Rabies 1 Year Tag#		
	Rabies 3 Year Tag#		
Dewormings			
Date Given		Type Used	
Flea Control and Heartworm Prevention			
Date Given		Type Used	
Other Medical History:			