

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:					