PET CARE, FEEDING & VACCINATION HISTORY CHART

VETERINARY CLINICAL RECORDS, NUTRITION PORTIONING, PREVENTATIVES & EMERGENCY CARE

PET NAME: _____ **BREED / SPECIES:** _____ **MICROCHIP #:** _____ **DOB / AGE:** _____

CURRENT BODYWEIGHT	PRIMARY VET CLINIC	24/7 ER VET PHONE	RABIES TAG / LICENSE
_____ lbs / kg	_____	(_____) _____-_____	#_____

DAILY FEEDING SCHEDULE & NUTRITIONAL PROTOCOL

Food Brand / Formula: _____ | Special Diet: [ ] Prescription [ ] Grain-Free [ ] Raw

Morning Meal: _____ Cups / Cans at _____:_____ AM | Evening Meal: _____ Cups / Cans at _____:_____ PM | Water: Fresh Filtered Daily

Known Allergies / Prohibited Foods: _____

VACCINATION IMMUNITY & CLINICAL HISTORY

VACCINE NAME (RABIES, DHPP, BORDETELLA, FVR	DATE GIVEN	EXPIRATION / DUE	LOT # & VETERINARY CLINIC	VET SIGN-OFF
[ ] Rabies 1-Year / 3-Year	___/___/___	___/___/___		
[ ] DHPP / DAPP (Distemper, Parvo)	___/___/___	___/___/___		
[ ] Bordetella (Kennel Cough)	___/___/___	___/___/___		
[ ] Leptospirosis	___/___/___	___/___/___		
[ ] Lyme Disease	___/___/___	___/___/___		
[ ] Canine Influenza (H3N2 / H3N8)	___/___/___	___/___/___		
[ ] Custom Vaccine / Titer Test	___/___/___	___/___/___		

MONTHLY PARASITE PREVENTATIVE ADMINISTRATION LOG

MONTH	HEARTWORM RX & DOSE	DATE GIVEN	FLEA & TICK PRODUCT	DATE GIVEN	ADMINISTERED BY
January		___/___		___/___	
February		___/___		___/___	
March		___/___		___/___	
April		___/___		___/___	
May		___/___		___/___	
June		___/___		___/___	
July		___/___		___/___	
August		___/___		___/___	
September		___/___		___/___	
October		___/___		___/___	
November		___/___		___/___	
December		___/___		___/___	

EMERGENCY VETERINARY MEDICAL TREATMENT AUTHORIZATION (FOR PET SITTERS):

In my absence, I authorize emergency veterinary medical care up to: $_____ USD to stabilize my pet.

Owner Signature: _____ Emergency Phone: _____ Date: _____/_____