



# Berkley Pet Hospital

10908 Burbank Blvd, North Hollywood, CA 91601

www.berkleypethospital.com

TEL: (818) 763-6221

FAX: (818) 763-5208

## **Patient Medical History** (please complete all information for each pet)

Client Name: _____	Pet #1	Pet #2	Pet #3
Pet Name			
Species (cat or dog)			
Breed			
Color			
D.O.B. or approx. age			
Sex (Male or Female)			
Spayed or Neutered? (Yes/No)			
Diet (brand name)			
Hours spent outside each day			
When was dentistry last done?			
Current medications?			
Is the pet on flea preventative? If so, what brand?			
Any prior surgery?			
<b>VACCINATIONS / LABWORK: DOGS</b>	<b>Due Date</b>	<b>Due Date</b>	<b>Due date</b>
DHPP (distemper)			
Parvo (intestinal Virus)			
Corona (intestinal virus)			
Bordetella (kennel cough)			
Borrelia (Lyme disease)			
Rabies			
Heartworm test			
Fecal test (check for worms)			
<b>VACCINATIONS / LABWORK: CATS</b>			
FVRCP (infectious diseases)			
FeLV (feline leukemia)			
Rabies			
Fecal test (check for worms)			
FIV/FeLV test (+ or -)			

**Does the pet have any medical conditions you would like us to be aware of (chronic conditions, heart disease, aggressiveness)?**

\_\_\_\_\_

**What is the reason for your visit today?**

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