

Medical History Sheet

In order to obtain optimal safety for all guest's at the Animal Activity Center, Inc. it is essential that we have an overview of our guests medical history and/or personal history. If your pet has not received vaccinations required for their stay, but you have a signed medical explanation from your veterinarian this will be taken into consideration.

Vaccination Information

Written proof of vaccinations within the last eleven months must be submitted with registration information. Please indicate below which vaccinations have been administered to the guest.

Dhlpp (Y/N) Date Given: ___/___/___ Heartworm Test (Y/N) Date Given: ___/___/___
Rabies (Y/N) Date Given: ___/___/___ Bordetella (Y/N) Date Given: ___/___/___
Deworming (Y/N) Date Given: ___/___/___ Fecal (Y/N) Date Given: ___/___/___

Veterinarian Information:

Please indicate below who your pet's regular attending veterinarian is:

Name: _____ Clinic Phone Number: _____

Address: _____

Please initial below which option you would prefer should it become necessary to seek medical attention for your pet (You must select an option form below):

___In case of a routine medical problem I would like my pet to be taken to my regularly attending veterinarian for follow-up care. By choosing this agreement I understand that I am responsible for all charges incurred and that I must have a valid credit card number on file.

Should my veterinarian be unable to see my pet, I understand that my pet will be transferred to the adjoining veterinary hospital, Parkway Small Animal & Exotic Hospital, for all pertinent treatments.

___In case of an evening emergency, I would like my pet to be taken to an emergency facility for follow-up care. By choosing this option I understand that I am responsible for all charges incurred and that I must have a valid credit card number on file.

___In case of the need for medical treatment, I would like my pet to be taken to Parkway small Animal & Exotic Hospital for follow-up care. I understand that I am responsible for all charges

Other pertinent health information:

Has the guest recently recovered from any illness? (Yes/No)

If yes, please explain:

Please Check Any Pertinent Medical Problem's In The Guest's History:

___ Heart Problems ___ Respiratory ___ Intestinal ___ Bloat ___ Parasitic ___ Allergic Reactions ___ other

If you checked any of the above, please elaborate here:

Current Medications:

Medication: _____ Dosage: _____ Time Administered: _____

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