



Welleby Veterinary Medical Center

"Compassionate Care by Dedicated Professionals"

10008 W. Oakland Park Blvd _ Sunrise _ FL _ 33351 _ (954) 748-2002

Medical History Questionnaire

PLEASE PRINT:

CLIENT'S NAME _____ SPOUSE _____

ADDRESS _____

CITY AND ZIP CODE _____

HOME PHONE _____ CELL _____ WORK _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____

EMAIL ADDRESS _____ HOW DID YOU HEAR OF US? _____

_____ _____ _____ _____ _____ _____

PET'S NAME _____ AGE _____ SEX _____

BREED _____ COLOR(S) _____

NEUTERED OR SPAYED? ___Y ___N FOOD OR DRUG ALLERGY? _____

DATE OF LAST PHYSICAL _____ LAST ILLNESS _____

CURRENT MEDICATION(S) _____ PREVIOUS VET _____

ANY HISTORY OF PROBLEMS WITH THE FOLLOWING? ___SKIN ___EARS ___HEART

___LUNGS ___URINARY TRACT ___GENITAL AREA ___BONE ___TEETH ___PARASITIC

SURGICAL PROCEDURES PERFORMED _____ MEDICATION REACTIONS _____

BRIEFLY DESCRIBE ANY OF THE ABOVE:

Vaccine History:	Date
Rabies _____ 1 YR _____ 3YR _____	_____
Canine: Distemper, Parvo, Hepatitis, Parainfluenza (DHPP)	_____
Leptospirosis _____	_____
Feline: Rhinotracheitis, Panleukopenia, Calicivirus, Chlamydia (FVRCP)	_____
Leukemia _____	_____
Other _____	_____