



dogheart

Training from the heart.

MEDICAL HISTORY

Illnesses

Diagnosis: _____ Date: _____

Type of Treatment: _____

Diagnosis: _____ Date: _____

Type of Treatment: _____

Surgeries

Type of Surgery: _____ Date: _____

Recovery Time: _____

Type of Surgery: _____ Date: _____

Recovery Time: _____

Has your dog been spayed or neutered? Yes No

Allergies

Diagnosis: _____ Date: _____

Type of Treatment: _____

Diagnosis: _____ Date: _____

Type of Treatment: _____

Vaccinations/Tests

Rabies: Yes No _____ Due: _____

Distemper/Parvo: Yes No _____ Due: _____

Heartworm Test: Yes No _____ Due: _____

Fecal Float Test: Yes No _____ Due: _____