

	<b>Pet 1:</b>	<b>Pet 2:</b>	<b>Pet 3:</b>
Name:			
Species:			
Breed:			
Description:			
Age:			
Date of Birth:			
Sex:			
Length of time owned?			
Spayed/Neutered?			
Type of Pet Food:			
<b>Pets Origin:</b>			
Breeder			
Kennel/Humane Society			
Pet Shop/Advertisement			
Stray			
Individual non-breeder			
Friend			
<b>Vaccinations &amp; History:</b>			
DHPP(dog)/FVRCP(cat)			
Rabies:			
Feline Leukemia:			
<b>Preventatives Used:</b>			
Heartworm			
Flea Control			
<b>Medical History</b>			
Prior illness/surgery			

