Long Beach Animal Care Services (LBACS)

Veterinary History

Veterinarian/Clinic name: _____ Clinic Phone: _____

Please provide vaccination and treatment history of your pet:

VACCINE/TREATMENT	DATE	TYPE
Rabies		☐ 1 year ☐ 3 year
DHPP (Distemper/Parvo)		☐ 1 year ☐ 3 year
FVRCP (Herpes/Calici/Panleukopenia)		☐ 1 year ☐ 3 year
Bordetella (Kennel cough)		n/a
Flea preventative		☐ Topical ☐ Oral ☐ Collar Product name: _____
Heartworm preventative		☐ Topical ☐ Oral Product name: _____
Dewormer		
Other vaccines (e.g., FeLV, FIV, Lepto, Lyme, Canine influenza, other)		
FIV/FeLV testing (cats only)		Result: + -
Heartworm testing		Result: + -
Other:		

Does your pet have any current medical conditions or symptoms? If so, please describe.

- ☐ Allergies: _____
- ☐ Skin condition: _____
- ☐ Ear infections
- ☐ Eye condition: _____
- ☐ Blindness
- ☐ Deafness
- ☐ Heart condition: _____
- ☐ Respiratory condition: _____
- ☐ Coughing
- ☐ Sneezing
- ☐ Dental/oral problems:_____
- ☐ Abnormal urination
- ☐ Abnormal defecation
- ☐ FIV (Feline Immunodeficiency Virus)
- ☐ FeLV (Feline Leukemia Virus)
- ☐ Gastrointestinal issues
  - ☐ Vomiting
  - ☐ Diarrhea
  - ☐ Other:
- ☐ Diabetes
- ☐ Kidney disease
- ☐ Hypothyroidism
- ☐ Hyperthyroidism
- ☐ Masses: _____
- ☐ Cancer:_____
- ☐ Limping/lameness: _____
- ☐ Arthritis
- ☐ Seizures
- ☐ Behavioral disorders: _____
- ☐ Other: _____
  _____

Please list any other medical conditions, past or present:

Is your pet taking any medications? Please list all medications including medicated shampoos and supplements, dosage and how often administered:

Does your pet have any current injuries? If so, describe what, when and how the injury occurred.

Please list your pet's diet, including brand, canned or kibble, and frequency; and any treats or people food given: _____