

Good Karma Pet Rescue

ANIMAL HEALTH RECORD

Name _____ Breed _____ Sex: M F

Feline Canine DOB _____ Color _____

Origin: _____ A _____ Microchip # _____

VACCINATIONS

Date	Vaccine	Date	Vaccine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Rabies Vaccinations (4 months or older)	Date: _____
<input type="checkbox"/> Certificate Attached	

Foster Name: _____ Check box to indicate additional enclosed records attached

Date: _____ or Previously altered Spayed Neutered | S/N Veterinarian: _____

Additional Medical Information	
Heartworm & Flea Preventive are administered on a monthly basis, unless otherwise documented	

	<u>Vaccines</u>	<u>Prevention</u>
Circle One: DA2PP/FVRCP	Rabies	Flea/Tick/Heartworm
Next Due Dates	_____	_____

Diagnostic Testing

4Dx (Dogs)	Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive _____	Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive _____
FeLV/FIV Test (Cats)	Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive _____	Date: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive _____
Fecal Test	Date: _____ <input type="checkbox"/> No Parasite Seen <input type="checkbox"/> Positive _____	Date: _____ <input type="checkbox"/> No Parasite Seen <input type="checkbox"/> Positive _____