ORCAS Veterinary Service

P.O. Box 237 / 429 Madrona Street
Eastsound, WA 98245
Ph: (360) 376-6373 / Fax: (360) 376-7838

Pet Health History Form

Owner's Name:		**Today's Date:**
Pet's Name:		**Date of Birth:**
Dog: ( ) Cat: ( ) Other:	**Male: ( ) Female: ( )**	**Spayed / Neutered? Yes: ( ) No: ( )**
Breed:		
Color / Markings:		
Microchip Number:		
Preexisting Conditions:		
List any medications your pet is currently on:		
Is your pet on flea and/or tick prevention? Yes: ( ) No: ( )		**Product:**
Has your animal tested positive for heartworm disease? Yes: ( ) No: ( )		**Date of treatment:**

Vaccination History

DHPP									
Lepto									
Bord									
Rabies									
FVRCP									
FeLV									