



ANIMAL HOSPITAL of SUSSEX COUNTY, INC.

The Difference is in the Caring

clientservices@caringvets.com
www.caringvets.com

169 US Highway 206
Augusta, NJ 07822
(Next to State Police)

Phone: 97357 **911** 55
"yes we do emergencies"



Animal Medical History

New Jersey State law requires your pet(s) to have current Rabies vaccines. In the event that your pet(s) bite someone and the Rabies vaccine is not current, rabies quarantine will be required.

PET# 1

DOG _____ CAT _____ RABBIT _____ BIRD _____ REPTILE _____ OTHER (SPECIFY) _____

NAME _____ BREED _____

SEX _____ NEUTERED/SPAYED? _____ COLOR _____

DATE OF BIRTH OR ESTIMATED AGE _____

VACCINATION HISTORY (PLEASE GIVE DATES OF LAST VACCINATIONS)

DOG

DHLP/PARVO _____ DISTEMPER _____

RABIES _____ EXPIRES _____

LYME _____

HEARTWORM TEST _____

FECAL _____

CAT

RVRCP _____

RABIES _____

LEUKEMIA _____

FELV/FIV TEST _____

FECAL _____

NAME OF VETERINARIAN WHO GAVE VACCINATIONS _____ PHONE () _____

Has your pet had any previous serious illnesses or surgeries?

Does your pet have any allergies to vaccinations or medications?

Is your pet on any special medications or diets?

Has your pet ever shown aggressive behavior toward people or other animals? If so, please explain:

Is your pet currently taking heartworm prevention? Yes _____ No _____

Do you brush your pet's teeth? Yes _____ No _____ Date of last professional Dental Cleaning _____

Is your pet microchipped? Yes _____ No _____ If so, Microchip ID# _____



ANIMAL HOSPITAL of SUSSEX COUNTY, INC.

The Difference is in the Caring

clientservices@caringvets.com
www.caringvets.com

169 US Highway 206
Augusta, NJ 07822
(Next to State Police)

Phone: 97357 **911** 55
"yes we do emergencies"



Animal Medical History

New Jersey State law requires your pet(s) to have current Rabies vaccines. In the event that your pet(s) bite someone and the Rabies vaccine is not current, rabies quarantine will be required.

PET# 2

DOG _____ CAT _____ RABBIT _____ BIRD _____ REPTILE _____ OTHER (SPECIFY) _____

NAME _____ BREED _____

SEX _____ NEUTERED/SPAYED? _____ COLOR _____

DATE OF BIRTH OR ESTIMATED AGE _____

VACCINATION HISTORY (PLEASE GIVE DATES OF LAST VACCINATIONS)

DOG

DHLP/PARVO _____ DISTEMPER _____

RABIES _____ EXPIRES _____

LYME _____

HEARTWORM TEST _____

FECAL _____

CAT

RVRCP _____

RABIES _____

LEUKEMIA _____

FELV/FIV TEST _____

FECAL _____

NAME OF VETERINARIAN WHO GAVE VACCINATIONS _____ PHONE () _____

Has your pet had any previous serious illnesses or surgeries?

Does your pet have any allergies to vaccinations or medications?

Is your pet on any special medications or diets?

Has your pet ever shown aggressive behavior toward people or other animals? If so, please explain:

Is your pet currently taking heartworm prevention? Yes _____ No _____

Do you brush your pet's teeth? Yes _____ No _____ Date of last professional Dental Cleaning _____

Is your pet microchipped? Yes _____ No _____ If so, Microchip ID# _____