



Re-Homing Guide Sample Form

Sample Medical Record

This is a sample medical record that you can adapt to fit your particular situation.

Pet Information

Name: _____

Type of pet: Dog Cat Other (specify): _____

Pet is spayed/neutered: Yes No

Pet is up to date on vaccinations: Yes No

Pet License # _____ Pet Tattoo #: _____ Pet Microchip #: _____

Pet's physical description (*age, weight, breed, color, special markings, tail or ear type etc.*): _____

General History: _____

Veterinarian

Veterinary Clinic/Veterinarian: _____

Address: _____ Phone: _____

Vaccination History

Date of last rabies vaccination: _____ Tag #: _____

Next rabies vaccination due: _____

Other vaccinations given:

Name: _____ Date Given: _____ Next due date: _____

Name: _____ Date Given: _____ Next due date: _____

Name: _____ Date Given: _____ Next due date: _____

Illnesses, treatments: _____

Other comments _____
