



Woodland Lodge Pet Resort • Miami

Client Name: _____ Pet's Name: _____

Species: Canine Feline Breed: _____

DOB: _____ or Age _____ Sex: _____ Spayed/Neutered Yes No

Vaccine History:

(PLEASE PROVIDE DATE LAST VACCINE WAS GIVEN, NOT EXPIRATION DATE)

DOGS

Distemper _____

Parvo _____

Rabies _____ 1year 3 year

Lepto _____

Bordatella _____

CIV _____

Fecal _____

Pet is on Heartworm Prevention: yes no or last deworming: _____

Pet is on Flea & Tick Prevention: yes no

CATS

FVRCP _____

RABIES _____ 1year 3 year

LEUKEMIA _____

OTHER _____

FELV/FIV TEST _____ RESULTS: _____

Fecal _____

Pet is on Flea & Tick Prevention: yes no

Place veterinary stamp here

Veterinary Clinic Name

Veterinarian Signature

Date