



Cummings Veterinary Hospital, LLC

5111 Church Road • Easton, PA 18045
Phone: (610) 923-0393 • Fax: (610) 923-6277



Tell us about your pet:

Animal's Name _____

Dog Cat Other (specify) _____ Male / Female

Spayed or Neutered? Yes / No D.O.B. ____/____/____ Age _____

Breed _____ Color _____

Has animal been vaccinated against the following within the last year?

Rabies Yes / No Date: ____/____/____ Clinic: _____

Distemper Yes / No Date: ____/____/____ Clinic: _____

Hepatitis Yes / No Date: ____/____/____ Clinic: _____

Parvovirus Yes / No Date: ____/____/____ Clinic: _____

Lyme Yes / No Date: ____/____/____ Clinic: _____

Leptospirosis Yes / No Date: ____/____/____ Clinic: _____

Fecal Exam Yes / No Date: ____/____/____ Clinic: _____

FVRCP (Distemper/Rhinotracheitis) Yes / No Date: ____/____/____ Clinic: _____

Heartworm/Lyme/Ehrlichia Yes / No Date: ____/____/____ Clinic: _____

Feline Leukemia/FIV: Yes / No Date: ____/____/____ Clinic: _____

Has your pet had any drug reactions? Yes / No (specify if yes) _____

NOTES:
