

Patient History Form

Patient Name: _____ Client Name: _____

PLEASE CIRCLE THE ANSWER THAT BEST DESCRIBES THE QUESTION. IF YES, PLEASE USE THE SPACE TO DESCRIBE WHAT YOU ARE SEEING.

Is your pet eating or drinking a lot more or less than usual? **Yes** **No**

Is your pet urinating or defecating more or less than usual? **Yes** **No**

Is your pet coughing, sneezing, vomiting, or having diarrhea? **Yes** **No**

What brand/how much food and treats does your pet get each day? (Please include any people food your pet receives)

Is your pet on Heartworm prevention every month? **Yes** **No**

If yes, which brand? _____

If you need a refill, please specify how much you would like: _____

Is your pet on Flea prevention every month? **Yes** **No**

If yes, which brand? _____

If you need a refill, please specify how much you would like: _____

Does your pet have any new/growing lumps or bumps the Dr needs to check? **Yes** **No**

If yes, please explain exactly where, how long it's been there, and if it's growing or changing: _____

Has your pet had any limping or lameness? **Yes** **No**

If yes, please specify which leg, any injuries, how long and to what extent the limping/lameness has been occurring: _____

Is your pet on any medications? **Yes** **No**

If yes, please list all medications along with how much you are giving: _____

Does your pet have any previous or ongoing health issues? **Yes** **No**

If yes, please explain: _____

Please list any other specific issues you would like a Dr to check during the physical exam. Please provide detailed information on what the issue is, how long it has been going on, if it has been getting worse etc.

Signature: _____

Date: ____ / ____ / ____

Emergency Contact Number: _____