

Patient History

Date _____

Owner Name _____

Animal Name _____

Age _____ Sex _____ Breed _____ Color _____

What food do you feed your pet? Brand _____ Dry Canned People Food

Where does your pet live? Indoors Outdoors Both

Do you show your pet? _____ Do you use your pet for breeding? _____

Has your pet been spayed / neutered? ____ If no, do you plan on having this done? ____

Has your pet ever had a bad reaction to any medication? _____

What health problems has your pet had in the past? _____

Does your animal take heartworm prevention? ____ Have you missed any doses? ____

List any medications you are currently giving your pet. _____

Check which vaccinations your pet has had within the year:

Dog: Rabies ____ Distemper ____ Parvo ____ Bordetella ____ Lyme Disease ____

Cat: Rabies ____ Distemper ____ Leukemia ____ FIP ____

Vaccination Dates _____

Today's Visit

Circle any of the reasons for today's visit:

Vaccinations	Sneezing	Worms in stool	Loss of appetite	Itching
Boosters	Coughing	Eating stool	Increased water intake	Bald spots
Heartworm test	Vomiting	Blood in stool	Bad breath	Sores
Nail trim	Diarrhea	Blood in urine	Lameness/limping	Fleas/ticks
Ear cleaning	Constipation	Pain with urination	Lethargic	Weight change
Scotting	Swelling/tumors	Frequent urination	Shaking head	Attitude change

Explain if necessary _____

