

Your Pet's Medical Information & History

Date _____

Owner _____ Patient _____

Has your address, home or work telephone numbers changed since your last visit? Yes No

If so, please write any changes on the line below.

INSTRUCTIONS: Please Circle Yes or No (Explain on line if needed)

Reason for today's visit: _____

What vaccinations has your pet had? _____

What kind of food do you feed your pet _____

Has your pet had any recent medical problems?	Yes	No	
Does your pet have any chronic medical problems?	Yes	No	
Has Your Pet Had Surgery? (If yes explain)	Yes	No	
Does your pet have any allergies? (If yes, to what?)	Yes	No	
Is your pet on any medications? (If yes, what?)	Yes	No	
Has your pet traveled out of the state? (If yes, where)	Yes	No	
Does your pet go outdoors? How Long?	Yes	No	
Was your pet heartworm tested within the last year?	Yes	No	
Is your pet given heartworm prevention medication?	Yes	No	
Has your pet been tested for worms in the last year?	Yes	No	
Has your pet been tested for FELV or FIV (Cats)	Yes	No	

Has your pet shown significant change in any of the following?

Appetite?	Yes	No	Drinking?	Yes	No
Weight gain or loss?	Yes	No	Behavior ?	Yes	No
Frequency or amount of urination?	Yes	No	Pain ?	Yes	No

If your pet is sick please help us by answering the following questions.

Bad breath or unusual body odors?	Yes	No	Eye problems?	Yes	No
Coughing or sneezing or wheezing?	Yes	No	Ear problems?	Yes	No
Vomiting?	Yes	No	Lumps or bumps?	Yes	No
Diarrhea?	Yes	No	Skin Problems?	Yes	No
Scotting of rear end?	Yes	No	Unusual Discharges?	Yes	No
Lameness or stiffness?	Yes	No	Tremors or seizures?	Yes	No
Listlessness or weakness?	Yes	No			

Anything else we should know?