

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

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

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

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

Does your animal take heartworm medicine? _____ Have you missed any? _____

List any medications you are currently giving to your pet. _____

Check which vaccinations your pet has had within the year:

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

Cat: Rabies _____ Distemper _____ Leukemia _____ FIP _____ FIV _____

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 _____
