



Patient Medical Information & History

Owner Name: _____ Pet Name: _____ Date of Birth/Age _____ K9/ Feline/Other _____
(circle one)

Breed/Type _____ Color _____ Sex Male/Female Is Your Pet Spayed/Neutered Yes/No _____
(circle one) (circle one)

Does your pet have a microchip? Yes/No

Reason for today's visit: _____ Date _____

“We have a passion to heal those who cannot heal themselves.”

Previous Vet. Clinic _____ City,State/Country _____

May we contact them? _____ Phone Number _____ Ok for them to send us records? _____

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

- Has your pet had any recent medical problems? **Yes No** _____
- Does your pet have any chronic medical problems? **Yes No** _____
- Does your pet have any allergies? (If yes, to what?) **Yes No** _____
- Is your pet on any medications? Or supplements? **Yes No** _____
- Has your pet traveled out of state? (If yes, to where?) **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 past year? **Yes No** _____
- Is your **DOG** vaccinated against **Lyme Disease**? **Yes No** _____
- Has your **CAT** been tested for FeLV/FIV? **Yes No** _____

Has your pet shown any of the following **signs or symptoms**:

- | | | | |
|---|------------------|------------------------|------------------|
| bad breath? | Yes or No | head shaking? | Yes or No |
| coughing or sneezing or wheezing? | Yes or No | itching or scratching? | Yes or No |
| gagging or choking? | Yes or No | poor coat or hairloss? | Yes or No |
| vomiting? | Yes or No | skin problems? | Yes or No |
| diarrhea? | Yes or No | unusual body odors? | Yes or No |
| scotting of rear end? | Yes or No | lumps or bumps? | Yes or No |
| lameness or weakness? | Yes or No | tremors or seizures? | Yes or No |
| a decrease in activity or trouble getting up? | Yes or No | unusual discharge? | Yes or No |

Anything else we should know?