



Patient Medical Information & History Date_____

Owner Name: _____ Pet Name: _____ K9__ Feline__ Other
 Breed _____ Color _____ Sex M -Neutered y/n F- Spayed y/n D.O.B./Age _____

Does your pet have a microchip? Yes/No

Reason for today's visit: _____

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

Previous Vet. Clinic _____ City, State _____ May we contact them? _____

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**:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> bad breath? Yes or No coughing or sneezing or wheezing? Yes or No gagging or choking? Yes or No vomiting? Yes or No diarrhea? Yes or No scotting of rear end? Yes or No lameness or weakness? Yes or No a decrease in activity or trouble getting up? Yes or No | <ul style="list-style-type: none"> head shaking? Yes or No itching or scratching? Yes or No poor coat or hairloss? Yes or No skin problems? Yes or No unusual body odors? Yes or No lumps or bumps? Yes or No tremors or seizures? Yes or No unusual discharge? Yes or No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Has your pet shown **significant change** in any of the following:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> character of bowel movements? Yes or No frequent urination? Yes or No weight gain or loss? Yes or No | <ul style="list-style-type: none"> appetite? Yes or No drinking? Yes or No behavior? Yes or No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

Anything else we should know?

