

# Patient History Form

Patient Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

**PLEASE CIRCLE THE ANSWER THAT BEST DESCRIBES THE QUESTION. IF YES, PLEASE USE THE SPACE TO DESCRIBE WHAT YOU ARE SEEING.**

Is your pet eating or drinking a lot more or less than usual?      **Yes**      **No**

Is your pet urinating or defecating more or less than usual?      **Yes**      **No**

Is your pet coughing, sneezing, vomiting, or having diarrhea?      **Yes**      **No**

What brand/how much food and treats does your pet get each day? (Please include any people food your pet receives)

Is your pet on Heartworm prevention every month?      **Yes**      **No**

**If yes**, which brand? \_\_\_\_\_

If you need a refill, please specify how much you would like: \_\_\_\_\_

Is your pet on Flea prevention every month?      **Yes**      **No**

**If yes**, which brand? \_\_\_\_\_

If you need a refill, please specify how much you would like: \_\_\_\_\_

Does your pet have any new/growing lumps or bumps the Dr needs to check?      **Yes**      **No**

**If yes**, please explain exactly where, how long it's been there, and if it's growing or changing: \_\_\_\_\_

Has your pet had any limping or lameness?      **Yes**      **No**

**If yes**, please specify which leg, any injuries, how long and to what extent the limping/lameness has been occurring: \_\_\_\_\_

Is your pet on any medications?      **Yes**      **No**

**If yes**, please list all medications along with how much you are giving: \_\_\_\_\_

Does your pet have any previous or ongoing health issues?      **Yes**      **No**

**If yes**, please explain: \_\_\_\_\_

Please list any other specific issues you would like a Dr to check during the physical exam. Please provide detailed information on what the issue is, how long it has been going on, if it has been getting worse etc.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact Number: \_\_\_\_\_