



Your Pet's Medical Information & History

| |
|---------------|
| Owner's Name: |
| Account #: |

| |
|-------------|
| Pet's Name: |
| Date: |

Reason for today's visit: _____

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

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.

| | | |
|---|---------------|-------|
| 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? (If yes, what?) | Yes No | _____ |
| Has your pet traveled out of state? (If yes, 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 last year? | Yes No | _____ |
| Is your DOG vaccinated against Lyme Disease ? | Yes No | _____ |

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

| | | | |
|-----------------------------------|---------------|-------------------------|---------------|
| bad breath or unusual body odors? | Yes No | head shaking? | Yes No |
| coughing or sneezing or wheezing? | Yes No | itching or scratching? | Yes No |
| gagging or choking? | Yes No | poor coat or hair loss? | Yes No |
| vomiting or diarrhea? | Yes No | skin problems? | Yes No |
| scotting of rear end? | Yes No | lumps or bumps? | Yes No |
| lameness or stiffness? | Yes No | tremors or seizures? | Yes No |
| listlessness or weakness? | Yes No | unusual discharge? | Yes No |

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

| | | | |
|-----------------------------------|---------------|-----------|---------------|
| Character of bowel movements? | Yes No | appetite? | Yes No |
| Frequency or amount of urination? | Yes No | drinking? | Yes No |
| Weight gain or loss? | Yes No | behavior? | Yes No |

Anything else we need to know? _____