

PET'S NAME:

Veterinary Hospital

Comprehensive Patient Medical History Form

	Yes	No
Is your address and phone number still correct?		
Do you have pet health insurance?		
Are your pet's vaccinations up to date?		
Is your pet spayed or neutered?		
Was there a heartworm test in the last year?		
Is your pet taking heartworm prevention Rx?		
Has your pet been tested for worms in the last year?		
Have you seen your pet passing any worms?		
Has your pet had any illness/injury in the last year?		
Has your pet ever had a seizure?		
Does your pet get table scraps?		
Did your pet eat in the last four hours?		
Does your pet ever strain to urinate?		
Has there been any recent vomiting?		
Has your pet been coughing?		
Has your pet been sneezing?		
Has your pet been gagging?		
Any listlessness?		
Any weakness?		
Any lameness? Circle leg: RF LF RR LR		
Shaking of the head?		
Scratching? Where?		
Significant hair loss?		
Scotling of rear?		
Unusual lumps or bumps?		
Bad breath?		
Unusual discharge?		
Diarrhea?		
Constipation?		
Stiffness?		
Behavioral changes?		

Reason for visit today

Has your pet been examined elsewhere for the same condition? Yes No

If so, where? _____

What medications is your pet taking now?

Is your pet allergic to any foods or Rx? Yes No

If yes, please describe _____

What flea control is used?

Anything else we need to know?

	Increased?	Decreased?
Drinking?		
Appetite?		
Urination?		
Defecation?		
Weight?		

Thank you for taking the time to complete this form. We appreciate the opportunity to take care of your pet's health needs.

Please print and fill out this form and bring it to your appointment.