Patient Medical Information & History Date_____

Owner Name:_____Pet Name:_____K9___ Feline___ Other

Breed_____Color_____Sex M -Neutered F- Spayed Age_____

Reason for today's visit:_____

"We have a passion to heal those who cannot heal themselves."

Has your address, home, or work phone numbers changed since your last visit? **Yes No**
If so, please write any changes on the line below

Previous Veterinary Clinic_____ 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 you 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**
scooting 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**

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

character of bowel movements?	**Yes or No**	appetite?	**Yes or No**
frequent urination?	**Yes or No**	drinking?	**Yes or No**
weight gain or loss?	**Yes or No**	behavior?	**Yes or No**

Anything else we should know?

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