

Pet History Form

Date _____ Owner _____ Pet Name _____

Phone # where you can be reached today _____

Reason for visit: _____

Date of last vaccinations: _____ Last time teeth cleaned: _____

Appetite: ☐ Very good ☐ Good ☐ Erratic ☐ Picky ☐ Poor ☐ Very poor

Has there been any change in your pet's appetite: ☐ No ☐ Yes _____

Diet: Brand of pet food _____ ☐ Eats specific meals ☐ Fed free choice ☐ Table scraps

Water Consumption: ☐ Increased ☐ Decreased ☐ No change Estimated amount of daily intake _____

YES NO

- ☐ ☐ Do you board your pet?
- ☐ ☐ **Lameness (limping):** Which leg(s) _____ ☐ Constant ☐ Intermittent Duration _____
- ☐ ☐ **Behavior:** Any notable change? _____
- ☐ ☐ **Vomiting:** If yes, how often? _____
- ☐ ☐ What is vomited? _____
- ☐ ☐ Vomit soon after eating? How long after? _____
- ☐ ☐ **Diarrhea:** ☐ Occasionally ☐ Frequently If diarrhea is present: Number of bowel movements per day: _____
- ☐ ☐ If diarrhea is present: Number of bowel movements per day: _____
- ☐ ☐ **Constipation?** Last time of defecation? _____
- ☐ ☐ **Coughing:** ☐ Occasionally ☐ Frequently
- ☐ ☐ **Sneezing:** ☐ Occasionally ☐ Frequently
- ☐ ☐ **Nasal discharge:** ☐ Pus ☐ Watery ☐ Bloody Duration: _____
- ☐ ☐ **Itching:** ☐ Seasonal ☐ Year-round Location(s) on body: _____
- ☐ ☐ **Fleas or ticks** noted recently

Medications or supplements regularly taken: _____

Do you have any other questions or concerns? _____

Has your address or phone number changed since last year?

Phone # _____

Address _____

Thank you for trusting us to care for your pet!
Ellensburg Animal Hospital
509-925-2833