

PET HEALTH HISTORY

NAME _____ BREED _____

BIRTHDATE _____ COLOR _____

MALE

FEMALE

NEUTERED

SPAYED

PREVIOUS VET _____

PURPOSE OF LAST VISIT _____

DATE OF LAST VISIT _____ DATE OF LAST VACCINES _____

HAS YOUR PET EVER BEEN SICK AFTER RECEIVING VACCINATIONS? _____

IS YOUR PET ON HEARTWORM PREVENTION? _____ IS YOUR PET ON FLEA AND TICK PREVENTION? _____

PRODUCT NAME _____ PRODUCT NAME _____

DATE OF LAST DOSE GIVEN _____ DATE OF LAST DOSE GIVEN _____

IS YOUR PET CURRENTLY TAKING ANY LONG TERM MEDICATIONS? PLEASE LIST _____

WHAT FOODS ARE YOU CURRENTLY FEEDING YOUR PET? PLEASE LIST ALL SOURCES, BRANDS, AND TREATS _____

DOES YOUR PET HAVE A HISTORY OF EAR INFECTIONS, SKIN INFECTIONS, OR HAIRLOSS? _____

HAS YOUR PET EVER EXPERIENCED A SERIOUS ILLNESS OR DISEASE? _____

HAS YOUR PET EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING CONDITIONS?

HEARTWORM DISEASE

DATE OF TREATMENT COMPLETION _____

ADRENAL GLAND DISEASE

DIAGNOSIS DATE _____

DIABETES

DIAGNOSIS DATE _____

THYROID GLAND DISEASE

DIAGNOSIS DATE _____

OTHER

PLEASE EXPLAIN _____

HAS YOUR PET EVER SUFFERED FROM AN INJURY REQUIRING EMERGENCY CARE? PLEASE EXPLAIN _____

PLEASE LIST ANY PREVIOUS SURGERIES YOUR PET HAS HAD, ALONG WITH THE DATE OF PROCEDURE _____

HAS YOUR PET EVER EXPERIENCED A SEIZURE? _____

DOES YOUR PET EXHIBIT ANY CONCERNING BEHAVIORS? (BARKING, INAPPROPRIATE URINATION, ETC.)? _____

BONE AND JOINT HEALTH:

PLEASE CHECK ALL THAT APPLY

- DIFFICULTY CLIMBING UP OR DOWN STAIRS
- STIFFNESS OR LIMPING
- DIFFICULTY RISING FROM SITTING OR RESTING POSITION
- DIAGNOSED WITH OSTEOARTHRITIS, ELBOW OR HIP DYSPLASIA, CRUCIATE DISEASE OF THE KNEES
- LAGS BEHIND ON WALKS

GENERAL HEALTH QUESTIONS:

PLEASE CHECK ALL THAT APPLY

- BAD BREATH
- ALLERGIES (FLEAS, FOOD, POLLEN, ETC.) PLEASE LIST _____
- INCREASED DRINKING/URINATION/EATING
- UNEXPLAINED WEIGHT CHANGE
- VOMITING- FREQUENCY _____
- DIARRHEA OR CONSTIPATION- FREQUENCY _____
- CHANGE IN ACTIVITY LEVEL OR ASSOCIATION WITH FAMILY MEMBERS
- NEW ENVIRONMENT OR ENVIRONMENTAL DYNAMICS (NEW FAMILY MEMBER, SLEEPING ARRANGEMENTS, LITTER, WORK/PLAY SCHEDULE)
- COUGHING/SNEEZING/SHORTNESS OF BREATH
- PANTING EVEN WHILE RESTING
- CONFUSION OR DISORIENTATION
- CHANGE IN SLEEP PATTERNS (SLEEPS MORE OR LESS, NIGHT VOCALIZING OR PACING)

DO YOU HAVE PET INSURANCE OR HAVE INTEREST IN DISCUSSING PET INSURANCE PLANS? _____

IS THERE ANYTHING SPECIFIC YOU WOULD LIKE US TO KNOW ABOUT YOUR PET TODAY, OR HAVE ANY CONCERNS YOU WOULD LIKE TO DISCUSS? _____