

Comprehensive Patient Medical History Form

Yes No

1. Do we have current address, home & cell numbers?		
2. Do you have pet health insurance?		
3. Is your pet spayed / neutered?		
4. Is your pet currently taking heartworm prevention?		
5. Has your pet had illness or injury in the last year?		
6. Has your pet ever had a seizure or behavioral problems?		
7. Does your pet get table scraps?		
8. Bad breath?		
9. Has there been any recent vomiting?		
10. Has your pet been coughing, sneezing or gagging?		
11. Any weakness, lameness, lethargy? (Circle which leg) RF LF RR LR		
12. Any shaking? Where?		
13. Any scratching? Where?		
14. Any hair loss? Where?		
15. Any scooting of rear?		
16. Unusual lumps or bumps? Where?		
17. Any listlessness or lethargy?		
18. Any change in sleep patterns?		
18. Any unusual discharge? Where?		
19. Any diarrhea or constipation?		
20. Any stiffness or pain? Where?		
21. Any pain? Where?		

Please answer the following

What medications is your pet now taking?

Is your pet allergic to any food, medication or treatments?

☐ Yes ☐ No

If yes, please describe;

What type of food is your pet currently eating? (Name)

☐ Dry ☐ Canned ☐ Both

What heartworm and flea prevention is your pet currently taking?

_____ And

Last Given: _____

 Your pet is: ☐ Indoor
☐ Outdoor
 or
☐ Both

Please fill out the following:

	Same	Increased	Decreased
Drinking			
Appetite			
Urination			
Defecation			
Weight			

Please use this area to elaborate if you answered **NO** to questions 1-4 or **YES** to questions 5-21.

Email address: _____

Other pets in the household?

____ Dogs ____ Cats ____ Exotics

Canine only; Do you travel with your pet, and if so, are you concerned about Lyme's disease?

☐ Yes ☐ No

Anything else the doctor should know about? _____

Signature: _____ Date: ____/____/____ Patient name: _____ Scanned: _____