

YOUR PET'S MEDICAL INFORMATION AND HISTORY

OWNER'S NAME _____

PET'S NAME _____ DATE _____

Reason for today's visit: _____

INSTRUCTIONS: Please circle YES or NO (explain if needed)

Has your address, home or work phone numbers changed recently? YES NO

Has your pet had any recent medical problems? YES NO _____
Does your pet have any chronic medical problems? YES NO _____
Does your pet have any allergies? YES NO _____
Is your pet on any medications? YES NO _____
Has your pet traveled out of state? YES NO _____
Was your pet heartworm tested within the last two years? YES NO _____
Is your pet given heartworm prevention medications? YES NO _____
Has your pet been tested for worms in the last year? YES NO _____

Has your pet shown any of the following signs or symptoms:

Bad breath or unusual body odor?	YES NO	Head shaking?	YES NO
Coughing, sneezing or wheezing?	YES NO	Itching or scratching?	YES NO
Gagging or choking?	YES NO	Poor coat or hair loss?	YES NO
Vomiting or diarrhea?	YES NO	Skin problems?	YES NO
Scotting of the rear?	YES NO	Lumps or bumps?	YES NO
Lameness or stiffness?	YES NO	Tremors or seizures?	YES NO
Listlessness or weakness?	YES NO	Unusual discharge?	YES NO

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

Character of bowel movements?	YES NO	Appetite?	YES NO
Frequency or amount of urination?	YES NO	Drinking?	YES NO
Weight gain or loss?	YES NO	Behavior?	YES NO

We now recommend annual wellness diagnostic testing and twice yearly exams. Ask the doctors and staff for more information.

Would you like any of the following while you are here today? (please circle)

EAR CLEANING	EXPRESS ANAL GLANDS	MICROCHIPPING
FLUORIDE TREATMENT	HEARTWORM TESTING	NAIL TRIM