



Staff Use Only

Client ID: \_\_\_\_\_  
Client Last Name: \_\_\_\_\_  
Provider: \_\_\_\_\_

### Patient History Form

This form allows our doctors to obtain a detailed history, and helps us to evaluate and examine your pet. Please fill this form out as completely as possible.

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

What is your pet here for today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet had any coughing, sneezing, vomiting or diarrhea? If yes, please note duration and frequency, form of stool, and contents of vomit. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet had any changes in appetite, thirst, urination or activity level? If yes, please note duration and frequency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet currently on any medications? Any flea/tick/heartworm preventative, over-the-counter medications, or supplements? Please note the last time they were given. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your pet's current diet? How much do you feed and how often? When was the last time your pet ate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other concerns? History of relevant medical conditions or surgeries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet current on vaccinations? \_\_\_\_\_  
If no, would you like them updated today? \_\_\_\_\_

*Proof of a current rabies vaccine is required to handle your pet. We will vaccinate for rabies if no proof is provided or on record.*

Does your pet have a microchip? \_\_\_\_\_  
If no, would you like your pet to receive a microchip today? \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Printed Name: \_\_\_\_\_