



The Pet Stop

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: _____

Is your pet:	YES	NO	Has your pet recently experienced any of the following?			
Eating normally?	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	Itching or Rash	<input type="checkbox"/>
Drinking normally?	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea or Soft Stool	<input type="checkbox"/>	Lethargy	<input type="checkbox"/>
Defecating normally?	<input type="checkbox"/>	<input type="checkbox"/>	Coughing	<input type="checkbox"/>	Abnormal Behavior	<input type="checkbox"/>
Urinating normally?	<input type="checkbox"/>	<input type="checkbox"/>	Sneezing	<input type="checkbox"/>	Limping	<input type="checkbox"/>
Current on vaccines?	<input type="checkbox"/>	<input type="checkbox"/>	Itching or Rash	<input type="checkbox"/>	Pain	<input type="checkbox"/>
Grain Free Diet?	<input type="checkbox"/>	<input type="checkbox"/>	New or changing lumps or bumps			<input type="checkbox"/>

Please note duration and frequency of any issues noted above:

Is your pet currently on any medications? If yes, please list them below and the last time they were given:

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

Signature: _____

Contact Number: _____

Printed Name: _____



The Pet Stop is once again participating in the Unleashed Joy Charitable Giving Program. We're working with Polar Pug Rescue and Friends to help Pugs and other small breed dogs in need of forever homes and, in some cases, medical attention.

To learn more or to donate, ask one of our receptionists or visit The Pet Stop on Facebook.

