



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 completely. A new form will need to be filled out for each visit.

Date: _____ Pet's Name: _____ Owner'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"/>	New or changing lumps or bumps	<input type="checkbox"/>	Pain	<input type="checkbox"/>
Grain Free Diet?	<input type="checkbox"/>	<input type="checkbox"/>				

Please mark vaccines you need updated.

Please note - a current Rabies vaccination is required by law for ALL patients.

Canine Vaccines: Rabies Distemper/Parvo Bordetella Influenza Lepto

Feline Vaccines: Rabies Rhino/Calici/Panleukopenia Leukemia

Please note duration and frequency of any issues noted above:

What is your pet here for today?:

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?

PLEASE NOTE:

Unless your pet is scheduled for a drop off procedure or surgery, we require that you remain in the parking lot on site throughout your pet's appointment. **A Hospitalization Charge of \$69.00 will be applied to your bill if you leave prior to the completion of your pet's appointment.** Staying on site allows us to get your pet back to you faster, reducing any potential stress to them, and helps ensure we can complete the cleaning portion of our COVID protocol prior to the next appointment. Thank you for your compliance and understanding.

Signature: _____

Contact Number: _____

Printed Name: _____