

## PET INFORMATION & HEALTH HISTORY

Name of Pet \_\_\_\_\_  Dog  Cat  Other (specify) \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ If unsure, how long have you owned your pet? \_\_\_\_\_

Are there other veterinary hospitals we should contact to obtain medical records?  
\_\_\_\_\_

1)  Male  Female

2)  Spayed  Neutered

3) Current medications \_\_\_\_\_

4) Heartworm preventative?  Yes  No If yes, list product used \_\_\_\_\_ Date last given \_\_\_\_\_

5) Flea/tick preventative?  Yes  No If yes, list product used \_\_\_\_\_ Date last given \_\_\_\_\_

6) Seen any fleas or ticks on your animal?  Yes  No

7) Other animals in the house?  Yes  No If yes, what kind and how many? \_\_\_\_\_

8) What best describes the amount of time your pet spends outside?

Dogs

Daily for bathroom/walks

50:50 Indoor/Outdoor

100% Outdoor

Cats

100% Indoor

Indoor/Outdoor

100% Outdoor

9) Does your pet have any behaviors you wish you could change?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

10) What brand of food do you feed your pet? \_\_\_\_\_

11) Do you provide any dental care for your pet?  Yes  No If yes, please explain \_\_\_\_\_

12) Have you noticed any lumps or bumps on your pet?  Yes  No If yes, please explain \_\_\_\_\_

13) Have you noticed any skin or coat problems on your pet?  Yes  No If yes, please explain \_\_\_\_\_

14) Other issues you may have noticed:

Bleeding Gums

Diarrhea

Scooting

Seems Depressed

Sneezing

Breathing Heavy

Eye Bulging/Bloodshot

Loss of Balance

Shaking Head

Other \_\_\_\_\_

Coughing/Gagging

Lack of Appetite

Scratching

Thirst/Urination increased

Weakness

Limping

Vomiting