

To help us better serve you and your pet, please provide us with an updated patient history. Thank you.

Date:	Pet Name:
Name:	Species:
Address:	Breed:
	Age:
Phone Number:	Sex:
E-mail address:	Weight:

**Animal Care Center ----- Patient History Form**

Please answer all questions	YES	NO	Reason for today's visit
Do you have pet health insurance?			
Has your pet been vaccinated in the last 12 months?			
Is your pet spayed or neutered?			
Has your pet had a heartworm test in the last year?			
Is your pet on heartworm prevention?			Has your pet been treated elsewhere for the same condition? <b>YES NO</b> If so, where? _____
If yes, which brand? _____			
Is your pet on flea prevention?			What, if any, medication(s) is your pet currently taking? _____
If yes, which brand? _____			
Has your pet been tested for intestinal parasites (worms) in the last year?			
Does your pet get any table scraps?			
Does your pet have a microchip?			Is your pet allergic to any food or medication? <b>YES NO</b> If yes, please describe: _____
Has your pet ever had a seizure?			
Does your pet have any behavior problems?			Has you pet ever had a vaccine reaction? <b>YES NO</b> If yes, when and which vaccine? _____
If yes, please describe _____			
_____			
Has your pet had any illness/injury in the last year?			Date last heartworm prevention was given: _____
Has your pet eaten in the last 4 hours?			Date last flea prevention was given: _____
Any change in urination or urinary habits?			Your pet is: indoors ____ outdoors ____ both ____
Has there been any recent vomiting?			Other pets in household? Dogs ____ Cats ____ Exotics ____
Has your pet been coughing, sneezing, or gagging?			Do you travel with your pet? <b>YES NO</b> If yes, where? _____
Any listlessness, weakness, or lethargy?			Anything else we need to know? _____
Any stiffness or pain? Where? _____			
Any lameness? Circle leg RF LF RR LR			
Any unusual shaking or scratching?			
Any hair loss? If so, where? _____			
Any scooting of rear end?			
Any unusual lumps or bumps?			
Any changes in lumps or bumps?			
Bad breath?			
Any unusual discharge? Where? _____			
Any diarrhea? Or constipation?			

	Same?	Increased?	Decreased?
Drinking			
Appetite			
Urination			
Defecation			
Weight			

I hereby authorize Animal Care Center to prescribe for and treat the conditions presented by me. The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided. Further, I agree to pay fees in full for services rendered when pet is discharged from Animal Care Center's care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Animal Care Center**  
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**www.animalcarecenter.vetsuite.com**  
**Dedication, Care, and Concern for over 30 years.**