

Date_____

Pet Name_____

COMPREHENSIVE PET HISTORY

Is your address & phone number still correct? Yes No,

_____.

E-mail Address on file? Yes No: _____.

If first visit, is this your first pet? Yes No

Are you aware pet insurance is available? Yes No

Chief Complaint or Reason for Visit:

Routine Vaccinations

Has the pet been seen for same condition recently? Yes No (How Long: _____)

Are vaccinations up to date? Yes No

Is the pet spayed / neutered? Yes No

Has the pet been tested for internal parasites within past 6 months? Yes No

Is the pet on heartworm preventive? Yes No

Have you seen the pet passing any worms? Yes No (Describe: _____)

Any injury or illness in past 30 days? Yes No (Describe: _____)

Does the pet have a history of having seizures? Yes No

Is the pet currently on any medications? Yes No (Describe: _____)

Is the pet allergic to any drugs/medications? Yes No (List: _____)

DIET: _____ How many times / day do you feed your pet?

PET TREATS: _____

Does the pet get table scraps? Yes No

Are there any food intolerances? Yes No

Did your pet eat this morning? Yes No

Appetite: Increased Normal Decreased

Weight: Loss Gain Stable

Water Consumption? Increased Normal Decrease

Continued...

Bowel Movements? Constipated Normal Diarrhea (How long? _____)

Urination? Decreased Normal Increased Amount Increased Freq.

Straining to Urinate? Yes No

Vomiting? Yes No

Coughing? Yes No

Sneezing? Yes No

Gagging? Yes No

Any Listlessness? Yes No

Any Weakness? Yes No

Shaking Head? Yes No

Scratching? Yes No (Location: _____)

Significant Hair Loss? Yes No Patchy Generalized Excessive Shedding

Flea Control Used? Frontine® Advantage® Program® Other: _____

Scotting? Yes No

Unusual Lumps or Bumps? Yes No

Bad Breath? Yes No

Unusual Discharge? Yes No (Location: _____)

Lameness? Yes No (Which Leg: RF LF RR LR)

Difficulty Rising? Yes No

(After sleeping? Yes No; After Exercise? Yes No

Stiffness? Yes No

Any Behavioral Changes? Yes No (Describe: _____)

Do you wish to be present while the pet is examined? Yes No

Anything else we need to know?

