

PATIENT HISTORY FORM

At Animal Medical Center your pet's health is our first priority. Please help us provide your pet the best care possible by filling this form out completely.

Pet Information

Name: _____ Date of Birth: _____

Breed: _____ Color: _____

Sex: Female () Male () Spayed/Neutered? Yes () No ()

Date: _____

Presenting Problem

Please describe the reason for your pet's visit today:

If your pet is being examined for a medical problem, when did it first start?

Has this condition: Worsened Improved Stayed the same

Has your pet been treated for this problem before? No Yes

If so, when? _____ By whom? _____

Symptoms- please check all that apply

<input type="checkbox"/> Normal Activity	<input type="checkbox"/> Quieter than normal	<input type="checkbox"/> Lethargic/Listless	
<input type="checkbox"/> Normal Appetite	<input type="checkbox"/> Eating less	<input type="checkbox"/> Not eating	
<input type="checkbox"/> Normal Drinking	<input type="checkbox"/> Drinking less	<input type="checkbox"/> Drinking more	
<input type="checkbox"/> Normal Urination	<input type="checkbox"/> Straining to urinate	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> No urination
<input type="checkbox"/> Normal Stool	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation/Straining	
<input type="checkbox"/> Normal Weight	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Weight gain	
<input type="checkbox"/> Coughing	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Stiffness	<input type="checkbox"/> Difficulty rising	<input type="checkbox"/> Lameness	<input type="checkbox"/> Difficulty breathing

History:

When was your pet last vaccinated? _____ By whom? _____

Is he/she taking Heartworm Preventative? _____

Is he/she on any medication or supplement? _____

Has he/she had any allergic reactions? _____

Has your pet had any exposure to: Ticks Toxins

Has your pet traveled with you in the last 6 months? _____