

# Your Pet's Medical Information & History

Owner's Name:
Account #:

Pet's Name:
Date:

\* Reason for today's visit: \_\_\_\_\_

Email Address: (If none listed above, please write it here) \_\_\_\_\_

**INSTRUCTIONS:**      Please Circle      Yes or No      (Explain on line if needed)

\*1 - Has your address, phone numbers, Email address, etc. changed since your last visit as listed on the label above? If so, please write any changes on the line below.      **Yes**      **No**

\*2 - Has your pet had any recent medical problems?      **Yes**      **No** \_\_\_\_\_

For New Patients Only Please Answer	3 - Does your pet have any chronic medical problem? <b>Yes</b> <b>No</b> _____
	4 - Does your pet have any allergies? (If yes, to what?) <b>Yes</b> <b>No</b> _____
	5 - Was pet's blood & urine wellness tested? (When?) <b>Yes</b> <b>No</b> _____
	6 - Is your pet on any medications? (If yes, what?) <b>Yes</b> <b>No</b> _____
	7 - Was your pet heartworm tested within the last year? <b>Yes</b> <b>No</b> _____
	8 - Is your pet given heartworm prevention medication? <b>Yes</b> <b>No</b> _____
	9 - Has your pet been tested for worms? (When?) <b>Yes</b> <b>No</b> _____
	10 - Is your <b>DOG</b> vaccinated against <b>Lyme Disease</b> ? <b>Yes</b> <b>No</b> _____
	11 - What dental products are you currently using on your pet? _____

\*12 - Is your pet showing any of the following **signs or symptoms**?

bad breath or unusual odors? <b>Yes</b> <b>No</b>	head tilt or shaking? <b>Yes</b> <b>No</b>
coughing, wheezing or sneezing? <b>Yes</b> <b>No</b>	itching or scratching? <b>Yes</b> <b>No</b>
gagging or choking? <b>Yes</b> <b>No</b>	poor coat or hair loss? <b>Yes</b> <b>No</b>
vomiting or diarrhea? <b>Yes</b> <b>No</b>	skin problems? <b>Yes</b> <b>No</b>
scooting of rear end? <b>Yes</b> <b>No</b>	lumps or bumps? <b>Yes</b> <b>No</b>
lameness or stiffness? <b>Yes</b> <b>No</b>	tremors or seizures? <b>Yes</b> <b>No</b>
listlessness or weakness? <b>Yes</b> <b>No</b>	unusual discharge? <b>Yes</b> <b>No</b>

\*13 - Has your pet shown **significant change** in any of the following?

character or amount of bowel movements? <b>Yes</b> <b>No</b>	change in appetite? <b>Yes</b> <b>No</b>
frequency or amount of urination? <b>Yes</b> <b>No</b>	change in drinking? <b>Yes</b> <b>No</b>
weight gain or loss? <b>Yes</b> <b>No</b>	change in behavior? <b>Yes</b> <b>No</b>

\*14 - Does your pet have any **training/ behavioral** issues?      **Yes**      **No** \_\_\_\_\_

\*15 - Anything else we need to know? \_\_\_\_\_

**MICROCHIPPING YOUR PETS WILL HELP KEEP THEM SAFE - ASK US HOW**