



Patient History

PET INFORMATION

Pet's Name: _____ Last Name: _____

Species: Cat Dog Other: _____ Sex: Male Female Spayed/Neutered: Yes No

Breed: _____ Color/Markings: _____

Birthday/Approximate Age: _____

Does Your Pet Have a Microchip? Yes No Microchip Number: _____

How Did You Acquire Your Pet? Friend/Family Shelter Breeder Pet Store Other _____

MEDICAL INFORMATION

Previous Veterinarian/Vet Clinic: _____

Previous Medical/Behavioral History: (please check all boxes that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Abdominal Surgery | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Vomiting/Diarrhea | <input type="checkbox"/> Anxiety During _____ |
| <input type="checkbox"/> Growth Removal | <input type="checkbox"/> Anal Gland Problems | <input type="checkbox"/> Aggression towards _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Allergies | <input type="checkbox"/> Climbs Cages |
| <input type="checkbox"/> Eats Toys/Bedding | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

If You Checked Yes for Allergies, Please List: _____

Any Other Medical Conditions You Wish to Explain: _____

Is your pet currently on any medications? Yes No

If yes, please list medications and dosages:

_____	_____
_____	_____
_____	_____

DIET & PREVENTION INFORMATION

What do you currently feed your pet? Brand: _____ Variety: Wet Dry

How much do you feed? _____ How often do you feed? AM PM Other _____

Heartworm Prevention? Heartgard Plus Trifexis Proheart Injection Other _____ None

Flea/Tick Prevention? AdvantixK9 AdvMulti Cat Trifexis Nexgard Other _____ None