

Patient Medical History Form

Thank you for taking the time to complete this medical history form. This information helps us provide your pet with a complete and thorough medical care.

Client Name:

Address/City/State:

Primary Number(s):

Patient Name:

Species: Breed:

Age: Sex: Spayed/Neutered?

Does your pet:

Attend a boarding facility, daycare, grooming, or travel with you? No Yes

Live with any other pets? No Yes, what species:

Take flea & tick prevention? No Yes, what brand?

Drug Name	Strength	Last Dose Given
<i>EXAMPLE – Advantix II</i>	<i>EXAMPLE – Large 21-55lb</i>	<i>EXAMPLE - November 2019</i>

Take heartworm prevention? No Yes, what brand?

Drug Name	Strength	Last Dose Given
<i>EXAMPLE – Heartgard</i>	<i>EXAMPLE – 1-25lb</i>	<i>EXAMPLE – January 2020</i>

Currently take Medications and/or Supplements? No Yes, please list below:

Drug Name	Strength	Dosage Instructions	Started
<i>EXAMPLE – Prednisone</i>	<i>EXAMPLE - 5mg</i>	<i>EXAMPLE - 1 tablet once daily</i>	<i>EXAMPLE - January 2020</i>

Have any changes in mobility? No Yes, please explain when this started and how often:

Have any major health concerns that you want the doctor to know about? No Yes, please explain when this started and how often:

Any coughing, sneezing, vomiting, or diarrhea? No Yes, please explain when this started and how often:

What food does he/she eat?: Please explain below:

Brand/Formula	Type	Amount	How Often
<i>EXAMPLE – Hill's Adult Small Breed</i>	<i>EXAMPLE - Dry</i>	<i>EXAMPLE – ¼ cup</i>	<i>EXAMPLE – twice daily</i>

Signature of Owner/Agent or Responsible party:

Date: