

# Comprehensive Patient Medical History Form

	Yes	No
Is your address and phone number still correct?		
Do you have pet health insurance?		
Are your pet's vaccinations up to date?		
Is your pet spayed or neutered?		
Was there a heartworm test in the last year?		
Is your pet taking heartworm prevention Rx?		
Has your pet been tested for worms in the last year?		
Have you seen your pet passing any worms?		
Has your pet had any illness/injury in the last year?		
Has your pet ever had a seizure?		
Does your pet get table scraps?		
Did your pet eat in the last four hours?		
Does your pet ever strain to urinate?		
Has there been any recent vomiting?		
Has your pet been coughing?		
Has your pet been sneezing?		
Has your pet been gagging?		
Any listlessness?		
Any weakness?		
Any lameness? Circle leg RF LF RR LR		
Shaking of the head?		
Scratching? Where?		
Significant hair loss?		
Scotting of rear?		
Unusual lumps or bumps?		
Bad breath?		
Unusual discharge?		
Diarrhea?		
Constipation?		
Stiffness?		
Behavioral changes?		

	Increased?	Decreased?
Drinking?		
Appetite?		
Urination?		
Defecation?		
Weight?		

## Reason for visit today

Has your pet been examined elsewhere for the same condition? Yes No

If so, where? \_\_\_\_\_

What medications is your pet now taking?

Is your pet allergic to any foods or Rx? Y N

If yes, please describe \_\_\_\_\_

What flea control is used?

Anything else we need to know?

I hereby authorize the hospital to prescribe for and treat the conditions presented on this form for the pet presented by me. The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided. Further I agree to pay fees in full for services rendered when pet is discharged from the hospital's care unless other prior arrangements have been agreed upon by both parties.

Signature \_\_\_\_\_

Date \_\_\_\_\_