

**Name:**

**Address:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email (if good way to send you reminders):**

**Spouse Name:**

**Spouse Wk:**

**Spouse Cell:**

**Pet's Name:**

***Please help us give your pet the best possible care by filling out the medical history form below.***

**(Please circle Yes or No - explain on line if needed)**

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

Does your pet have any chronic medical problems? **Yes**    **No**  
\_\_\_\_\_

Does your pet have any allergies? (If yes, to what?) **Yes**    **No**  
\_\_\_\_\_

Is your pet on any medication? (if yes, what?)      **Yes**    **No**  
\_\_\_\_\_

Is your pet microchipped?                              **Yes**    **No**  
\_\_\_\_\_

Was your pet heartworm tested within the last year? **Yes**    **No**  
\_\_\_\_\_

Has your pet been tested for worms in the last year? **Yes**    **No**  
\_\_\_\_\_

Is your **DOG** vaccinated against **Periodontal Disease**? **Yes**                      **No**  
\_\_\_\_\_

Has your pet shown any of the following **signs or symptoms**?

bad breath or unusual body odor?      **Yes**    **No**

head shaking?                      **Yes**    **No**

coughing or sneezing or wheezing? **Yes**    **No**

itching or scratching? **Yes**    **No**

gagging or choking? **Yes**    **No**

poor coat or hair loss? **Yes**    **No**

vomiting or diarrhea? **Yes**    **No**

skin problems?                      **Yes**    **No**

scotting of rear end? **Yes**    **No**

lumps or bumps?                      **Yes**    **No**

lameness or stiffness? **Yes**    **No**

tremors or seizures? **Yes No**  
listlessness or weakness? **Yes No**  
unusual discharge? **Yes No**

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

character of bowel movement? **Yes No**  
appetite? **Yes No**  
frequency or amount of urination? **Yes No**  
drinking? **Yes No**  
weight gain or loss? **Yes No**  
behavior? **Yes No**

Anything else we need to know?

This form will be reviewed and discussed with you at the time of your appointment.

Thank you.