

PATIENT HISTORY



Date _____

Client Name _____ Patient _____ ID# _____

Please fill out the following information prior to dropping your pet off for treatment:

My pet is showing the following symptoms _____

When did the symptoms start? _____

Since the symptoms started the following changes have occurred _____

Is your pet currently taking any medication? Yes No

If yes, what medication, how much and when is it given? _____

Is the pet drinking water normally? Yes No _____

When and what did the pet eat last? _____

When did the pet last urinate/defecate? _____

Has the pet gotten into garbage, run away from home, been injured or had any other events or occurrences that could be related to the illness? _____

What type of food do you feed your pet? Has it been changed recently? _____

Does your pet live inside or outdoors? _____

Please note any other information that would be helpful in treating your pet _____

Telephone numbers i can be reached at today if the doctor has any questions regarding my pet's health?
