

Please take the time to supply the details of your pet's illness. All information will be helpful.

Unless this is a prearranged visit for a specific veterinarian, the first available doctor may examine and treat your pet. We will try to honor all requests, but cannot guarantee that the requested veterinarian will be available.

Pet History Form

Pets name: _____ Date: _____
Owner's name: _____ (please limit to one person)
Today's phone number: _____ (please limit to one number)
Reasons for today's visit: _____

Please circle any that apply to your pet and explain of provided comment line:

Vomiting? Yes / No Bile / Food / Mucus For how long? _____
Diarrhea? Yes / No Blood / Mucus For how long? _____
Coughing? Yes / No Productive / Dry For how long? _____
Sneezing? Yes / No Discharge Yes/No For how long? _____
Lethargy? Yes / No Scale 1(normal)-10(severe) ___ For how long? _____
Appetite? Increased / Decreased For how long? _____
Thirst? Increased / Decreased For how long? _____
Urination? Increased / Decreased For how long? _____
Limping? Front / Rear Left / Right For how long? _____
Skin problems? Yes / No Bumps / Redness/ Itch For how long? _____
Ear problem? Yes / No Shaking / Redness / Discharge For how long? _____
Eye problem? Yes / No Discharge?(color: _____) For how long? _____
When did your pet last eat? _____

Please add comments from above or give other pertinent information:

Please list ALL medications your pet is taking:
