

Comprehensive Patient Medical History Form

Office use

Client Name: _____

Client ID: _____

Address: _____

PATIENT: _____

City/State/Zip: _____

Phone: _____

	Yes	No	
Is your address & phone number current?			
Do you have pet insurance?			
Are your pet's vaccinations up to date?			
Is your pet spayed or neutered?			
Has your pet been heartworm tested within the last year?			
Is your pet on heartworm prevention?			
Has your pet been tested for intestinal parasites in the past year?			
Has your pet had any illness/injury in the past year?			
Has your pet ever had a seizure?			
Does your pet get table food?			
Did your pet eat in the past four hours?			
Does your pet ever strain to urinate?			
Has there been any recent vomiting?			
Problems breathing?			
Has your pet been coughing?			
Has your pet been sneezing?			
Has your pet been gagging?			
Any listlessness?			
Any weakness?			
Any lameness? LF RF LR RR			
Shaking of the head?			
Scratching? If so, where?			
Significant hair loss?			
Any scooting of rear?			
Unusual lumps or bumps?			
Bad breath?			
Unusual discharge?			
Diarrhea?			
Constipation?			
Behavioral changes?			
House training issues?			
	Normal	Increased	Decreased
Drinking?			
Appetite?			
Urination?			
Defecation?			
Weight?			

Reason for Today's Visit

Has your pet been examined elsewhere for the same condition? Yes No
 If so, where?

What medications is your pet currently taking? _____

Is your pet allergic to any foods or medications? Yes No
 If yes, please describe. _____

What Diet do you feed (i.e. brand, can vs. dry) _____
 How much daily? _____

Has your cat tested negative for FeLV or FIV? Yes ___ No ___
 Does your cat go outside at all? Yes ___ No ___

What flea control do you use? _____

Any other important information? _____

I hereby authorize Veterinary Associates, Inc. to prescribe for and treat the condition 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 given. Further, I agree to pay fees in full for services rendered when pet is discharged from the hospital's care.

 Signature

 Date