



MEDICAL HISTORY FORM

CLIENT NAME: _____ **PET:** _____ **DATE:** _____

Please check any of the following in which you have noticed since your pet's last exam:
Please feel free to use the back of this form, if necessary, to provide further details

___ Significant change in overall activity level – increase/decrease.
When did this start? _____ Brief explanation: _____

___ Decreased alertness or awareness of surroundings

___ Increased vocalization or restlessness at night

___ Loss of house training/litter box training – urination, defecation or both?

When did this start? _____ Have amounts produced increased/decreased/ stayed the same?

Where in the house is pet soiling – floor, on beds or other furniture, which room? _____

___ Change in weight – loss/gain; when did you first notice this? _____

___ Lumps, bumps, growths – where? _____

When did you first notice this? _____ Has it changed in appearance since first noticing? _____

Brief explanation: _____

___ Loss of fur, scratching excessively, scabs or flaking? Where on body? _____

When did you first notice this? _____

___ Is pet on flea/tick/heartworm preventive? _____

Which product? Frontline Plus/Advantix//Interceptor/Sentinel/Heartgard

Other: _____

___ Bad breath, trouble chewing hard food

___ Difficulty seeing or hearing

___ Sneezing, coughing, or gagging

___ Trouble breathing, excessive panting – Brief explanation: _____

___ Weakness, tiring easily – when did this start? _____

___ Change in appetite – increase/decrease; when did this start? _____

___ Increased drinking and/or urination – when did this start? _____

___ Straining to pass urine/stool – when did this start? _____ Blood in either? _____

___ Limping, stiffness, walking/rising slowly – which leg? _____ when did this start? _____

___ Fainting, collapsing, seizures – when did this start? Frequency of occurrences _____

Brief description of episodes: _____

___ Head shaking/digging at ears/ear odor – when did this start? _____

___ Vomiting, especially episodes lasting more than one day

When did this start? _____ How often does it occur? _____ How much is produced? _____

When was the last occurrence of vomiting? _____

___ Diarrhea, especially episodes lasting more than one day – when did this start? _____

How often does it occur? _____ How much is produced? _____

___ What medications is your pet currently taking? _____

___ What do you currently feed your pet? _____

___ Other _____

Please use below to provide further information, if necessary.