



Animal Hospital of Woodstock

Patient Medical History

Patient Name: _____ Reason for visit: _____

Previous veterinarian where past records can be obtained: _____

Has your pet been treated for any illness

in the past year or chronic illness?

Yes

No

If yes, please specify the nature of illness and duration of illness: _____

Known allergies or allergic reactions: _____

Previous surgeries: _____

Medications

Current preventatives (ex. heartworm, flea & tick) _____

Current medications: _____

Diet

Describe your pet's diet (ex. brand of food, dry, canned, treats) _____

Supplements pet is currently on: _____

Thank You for Choosing Animal Hospital of Woodstock

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Woodstock, Illinois 60098

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