



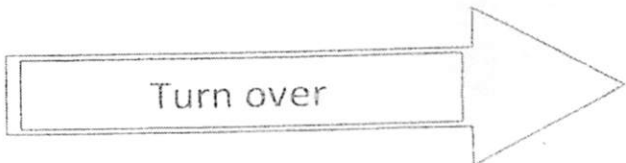
Affix Patient Label Here

Comprehensive Patient Medical History Form

Date:

Reason For Visit Today:

	YES	NO		YES	NO
Is your address and phone number current?			Has there been a change in your pet's attitude or behavior recently?		
Is your pet up to date on vaccinations?			Has there been a change in your pet's energy level recently?		
When is the last time your pet was seen by a vet? Date:			Has your pet had any vomiting?		
Is your pet currently on any medications? If yes, please list:			Has your pet had any diarrhea?		
Is your pet on monthly flea/tick preventative?			Has your pet been coughing?		
Is your pet on monthly heartworm preventative?			Has your pet been sneezing?		
Does your pet have any allergies? If yes, please explain:			Has there been a change in your pet's urination habits?		
Has your pet been diagnosed with any health problems by another vet? If yes, please explain:			Has there been a change in your pet's drinking habits? If yes, please circle one: Increased/Decreased		
Does your pet have a regular/referring veterinarian?			Has your pet's weight recently changed dramatically?		



	YES	NO
Does your pet get table scraps?		
Has your pet developed any lameness or limping?		
Has there been a change in your pet's appetite?		
Has your pet ever had a seizure?		
Has your pet ever had any episodes of collapse?		
Has there been any discharge from the vulva/prepuce?		
Has there been any discharge from the eyes, ears, or nose?		
Have you noticed any lumps, bumps, or swelling on your pet?		
Has your pet been scratching?		
Has your pet been shaking their head?		
Has your pet had any significant hair loss?		
Has your pet been passing any worms? If yes, please explain:		
Is your pet spayed or neutered?		
If your pet is a female, has she ever been bred/produced a litter? If yes, when was the last litter delivered?		
Have there been any changes in your pet's environment? (i.e. construction, a new baby, etc)? If yes, please explain:		

	YES	NO
If your pet is a cat, has she/he been tested for FIV or feline leukemia?		
Has your pet ever had surgery or previous trauma? If yes, please explain:		
Has your pet ever had a blood or plasma transfusion?		
Has your pet recently been checked for parasites?		
Could your pet have been exposed to antifreeze, rat poison, mushrooms, drugs, mold, or other toxins?		
Is your pet on any supplements, vitamins, or minerals? If yes, please list:		
Does your pet live indoor, outdoor, or both? Please circle one: Indoor/Outdoor/Fenced Yard		
Does your pet go outdoors unattended?		
Are there other pets in the household?		
Has your pet traveled out of state recently?		

Please feel free to include anything else you would like us to know about your pet here:
