

# Canine Patient History Form

DATE: \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female Neutered: Y  N

## **MEDICAL HISTORY**

Does your pet have any past medical problems? Yes  No

If yes please explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Can we send for records from your previous veterinarian? Yes  No

Name of previous veterinary hospital? \_\_\_\_\_

Are there any problems that need addressing today? Yes  No

If yes please explain ( first noted, duration) \_\_\_\_\_

Is your pet            INDOOR ONLY (no outside contact)  
                          OUTDOOR ONLY  
                          COMBINATION INDOOR/OUTDOOR

Is your pet exposed to other dogs? (circle all that apply)      Yes  No

GROOMING FACILITIES, BOARDING FACILITIES, DOG PARK

Is your pet exposed to ticks? (circle all that apply)      Yes  No

IN BACK YARD, BRIONES, MARINA, LYME RIDGE, LAFAYETTE RESERVOIR, OTHER

If you marked yes your pet should be vaccinated for Lyme disease. If your dog is due or at risk can we administer the vaccine?    Yes  No  Wish to discuss w/ Dr

Is your pet exposed to any standing bodies of water (cow ponds, ponds that raccoons and other wild animals have access to)?              Yes  No

If you marked yes your pet is at risk for Leptospirosis, a disease transmitted through urine. If your dog is due or at risk can we administer the vaccine?              Yes  No  Wish to discuss w/ Dr

Has your pet recently had any of the following:              VOMITING (digested food, liquid, blood, color)  
    (Circle all that apply)              DIARRHEA (liquid, loose, blood or mucus, color)  
   COUGHING (how often/long has pet had cough)  
   SNEEZING (how often, nasal discharge, color)

If yes to any of the above please explain (problem first noted, duration, consistency, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please turn over and complete other side!

**Appetite:** Normal  Abnormal  (increase or decrease, duration) \_\_\_\_\_

**Water Intake:** Normal  Abnormal  (increase or decrease, duration) \_\_\_\_\_

**Urination:** Normal  Abnormal  (frequency, color, straining etc) \_\_\_\_\_

**Diet:** What Brand Dry? \_\_\_\_\_ How much do you feed per day? \_\_\_\_\_

What Brand Wet? \_\_\_\_\_ How much do you fed per day? \_\_\_\_\_

**CURRENT MEDICATIONS:**

Heart worm Prevention Yes  No  If yes what Brand and how often? \_\_\_\_\_

Flea Prevention Yes  No  If yes what brand and how often? \_\_\_\_\_

Other Medications Yes  No  If yes give names, strength, how often and when last given.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with the recommendations of the Center for Disease Control we recommend yearly heartworm testing and bi-annual stool testing for intestinal parasites. If your pet is due for either of these lab tests can we perform these services? Yes  No  Wish to discuss w/ Dr

**AUTHORIZATION**

What number can we reach you at in the next 24 hrs? \_\_\_\_\_

If any non-emergency problems are found by one of our veterinarians which would your like us to perform?

(please check one)

I authorize up to \$ \_\_\_\_\_ for the treatment of my pet.

Or

I would like to further discuss treatments to my pet before administered.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**IF YOUR PET IS DUE FOR VACCINES AND NO VETERINARY EXAM HAS BEEN GIVEN TO YOUR PET IN THE PAST 30 DAYS (or you have no proof of a current exam), A EXAM FEE WILL BE CHARGED PER PET.**

**BOARDING PATIENTS ONLY**

How long will your pet be staying with us? From \_\_\_\_\_ to \_\_\_\_\_

We require Dogs to be current on Rabies, DHPP, and Bordetella, CIV (K9 Flu) vaccines.

Do you have proof of current vaccines? Yes  No  **If no we will vaccinate your pet here.**