Pre-appointment History Form

Name: _____ Pet's Name _____

Today's Date: _____

Is your pet indoors only [ ] outdoors only [ ] or spend time both indoors and outdoors [ ]

What type of heartworm prevention does your pet receive? _____ When was the last dose given? _____ Will you need a refill of your pet's heartworm preventative? _____

What type of flea and tick prevention does your pet receive? _____ When was the last dose given? _____ Will you need a refill of your pet's flea and tick preventative? _____

What type of food do you feed your pet at home? _____ is your pet eating and drinking normally? _____

Have you noticed any of the following Coughing [ ]   Sneezing [ ]   Vomiting [ ]   Diarrhea [ ]   Lameness [ ]

If yes, please explain and indicate when the symptom started and how often it is occurring:

_____

_____

Have you noticed your pet having itchy skin? _____ if yes, please explain the severity on a scale of 0-10 with 10 being unbearable. _____ when did this start? _____

Does your pet attend daycare, boarding or grooming facilities? _____

Do you have any specific concerns that the doctor should be aware of? _____

Please explain and indicate when they began and the frequency in which they occur. _____

_____

_____

Does your pet have any allergies to medications? _____ If yes, which ones _____

If your pet is currently taking any medications please list them below with the current dosing, frequency, and if you will need a refill:

    1. _____

    2. _____

    3. _____

If your pet is currently taking and vitamins or supplements please list them below with the current dosing, frequency, and if you will need a refill:

    1. _____

    2. _____

    3. _____

Contact phone number: _____