Medical History Form

* Is your pet indoors only, outdoors only, or both? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you currently have any other pets? \_\_ YES\_\_ NO; If YES, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you travel with your pet or have other animals visit? \_\_ YES\_\_ NO
* Does your pet go to the groomer or any boarding facility? \_\_ YES\_\_ NO
* Does your pet have a microchip and is up-to-date for your contact information? \_\_ YES\_\_ NO
* What brand does your pet consume, the amount consumed in a day and is your pet given any treats? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does your pet have bad breath, drooling, or difficulty eating? \_\_ YES\_\_ NO
* Has there been any changes in stools or urination (color, consistency, frequency, amount, straining, accidents etc.) in the past 12 months? \_\_ YES\_\_ NO; If YES, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* It is recommended that your pets feces be tested annually for internal parasites. Opt-out \_\_ YES\_\_ NO
* Has your pet had any vomiting or regurgitating in the past 12 months? \_\_ YES\_\_ NO
* Is your pet currently on any preventatives? These include flea, tick, heartworm, gastrointestinal parasites, ear mites, etc. \_\_ YES\_\_ NO; If YES, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If given preventives, has your pet missed any doses or have they been discontinued at any point? \_\_ YES\_\_ NO
* Has your pet been tested for heartworms and other bloodborne pathogens (Anaplasma, Ehrlichia, and Lyme for dogs or Feline Leukemia Virus and Feline Immunodeficiency Virus for cats) in the past 12 months?

\_\_ YES\_\_ NO

* An annual heartworm check is required if on heartworm preventative. Opt-out \_\_ YES\_\_ NO
* Has your pets blood and/or urine been tested for liver, gall bladder, pancreas, kidney, bladder health, thyroid, red blood cells, white blood cells and platelet values in the past 12 months? \_\_ YES\_\_ NO
* Does your pet currently take any medications or supplements? \_\_ YES\_\_ NO; If YES, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has your pet been sick, ill, or had any surgeries in the past 12 months? \_\_ YES\_\_ NO; If YES, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is your current address and cell phone number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_