

# PATIENT HISTORY FORM

LAST NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

When was the last time your pet ate? \_\_\_\_\_

Does your pet have any medical conditions that we should be aware of, e.g.: Hernia, retained baby teeth, or a retained testicle?

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

Has your pet had any surgeries, medical conditions, or vaccine reactions? If yes, when and what treatments were given if any? \_\_\_\_\_

Has your pet had any coughing, sneezing, vomiting, or diarrhea within the last 14 days? If yes, when, and what treatments were given if any?

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

Would you like pre surgical blood work for your pet? **Circle YES NO**

**pre op** (tests liver, kidney function, cbc) \$45 **comprehensive** (same as pre op + electrolytes ,u/a) \$79

If we find that your pet needs additional medication such as a dewormer, flea treatment, or antibiotics, may we administer them? The cost can range between \$ 5.00 to \$30.00. **Circle YES NO**

Is your pet currently on any medications including supplements and/or medications prescribed by your veterinarian? **Circle YES NO** If yes, please list them and the last time they were given

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

## FOR FEMALE DOGS/CATS ONLY

Has your female been in heat? **Circle YES NO**

If yes, when was their last heat cycle? \_\_\_\_\_

## DOGS ONLY

Is your dog currently on heartworm prevention? **Circle YES NO**

If yes, what product and when was it last given? \_\_\_\_\_