

Pet's Paw Animal Clinic

Patient History Form

(This information will become a permanent part of your patient's medical records. Please take time to complete it as carefully as possible. Thank You!)

Date: _____ Owner's Name _____
Patient's name _____ Male _____ Female _____

1. What species is your pet? _____
2. How long have you had patient? _____
3. Where did you obtain patient? _____
4. What does your pet eat? _____
5. How much does your pet eat? _____
6. How often does your pet eat? _____
7. Does your pet get treats? If so what kind? _____
8. What medication(s) is your pet on? _____
9. What previous medical conditions had your pet been diagnosed with?

10. Is your pet indoor only, indoor/outdoor or outdoor only (Circle One.)
11. Are you treating for fleas? _____ If yes, with what? _____
12. Is your pet on heartworm preventative? _____
13. If yes, have you missed any dose and when did this occur? _____
14. Is your pet been spayed or neutered? _____ If yes, when? _____
15. Do you have other pets? ___ Please list _____
16. What is the reason for your pet's visit today? _____

17. How long has this problem been going on for? _____
18. Is the problem getting worse, better, or not changed? _____
19. Has your pet been treated for this problem before, and if yes when and with what Medications? _____
20. Did the treatment resolve or alleviate the conditions? _____
21. Has your pet vomited, _____ has diarrhea _____ been lethargic _____
22. Had a decrease in appetite in the last month? _____ If yes, how often and when did the symptoms occur? _____
23. Is your pet current on vaccines? _____
24. Would you like us to have your records faxed over from your previous clinic? _____
25. If yes, who was the previous veterinarian? _____