

# Patient History Sheet

Pet's name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_

1) Do you have any concerns about your pet (example - not eating/drinking, diarrhea, vomiting)? How long has it been going on?

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2) Does your pet have any prior illnesses, conditions, or problems we should be aware of?

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3) What do you feed your pet, how much, and how often? Any recent changes in diet? When did he/she last eat?

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4) Is pet on any medications? If so, what kind and how long? Provide all information from prescription label if possible.

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5) How is your pet housed and approximate size of enclosure( aquarium, cage, kennel), type of bedding/litter, special lighting, heating, etc?

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6) Is your pet due/overdue for any vaccinations? Please list prior veterinary information so that we can have records sent to us.

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