

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?

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

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

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

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

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