

# Pet Health History

Owner: \_\_\_\_\_

Name of Pet: \_\_\_\_\_

Microchip ( ) Yes ( ) No ( ) Not Sure

Please (X) any symptoms or problems that you have noticed about your pet:

Bad breath ( )

Behavior Problems ( )

Bleeding Gums ( )

Breathing Problems ( )

Coughing ( )

Diarrhea ( )

Vomiting ( )

Increase in thirst or urination ( )

Lack of Appetite ( )

Limping ( )

Loss of Balance ( )

Scotting ( )

Scratching ( )

Shaking Head ( )

Seizures ( )

Weakness ( )

Weight loss ( )

Vision or hearing problems ( )

Other Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:**

Food: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**Vaccinations & Testing History:** Please select vaccinations and date last administered

DA2P ( ) Last known date administered: \_\_\_\_\_ CIV ( ) Last known date administered: \_\_\_\_\_

FVRCP ( ) Last known date administered: \_\_\_\_\_ FELV ( ) Last known date administered: \_\_\_\_\_

Bordetella/Parainfluenza ( ) Last known date administered: \_\_\_\_\_

Rabies ( ) Last known date administered: \_\_\_\_\_

Other ( ) Please list type & last known date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fecal Test ( ) Negative ( ) Positive Last known date tested: \_\_\_\_\_

Heartworm Test ( ) Negative ( ) Positive Last known date tested: \_\_\_\_\_

**Medications:**

Is your pet currently taking any medications? ( ) YES ( ) NO

Please List:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Heartworm Prevention ( ) YES ( ) NO Name of Prevention Medication: \_\_\_\_\_

Flea Prevention ( ) YES ( ) NO Name of Prevention Medication: \_\_\_\_\_

**Describe your pet's diet:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When was your pet's last veterinary visit?** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_