

LaCava's Mobile Veterinary Service, LLC  
 Comprehensive Patient Medical History  
**PLEASE FILL OUT FORM FULLY**

	Yes	No
Are you the owner of this pet?		
Do you have pet health insurance?		
Are your pet's vaccinations up to date?		
Is your pet spayed or neutered?		
Was there a heartworm test performed in the last year?		
Is your pet taking heartworm prevention Rx?		
Has your pet been tested for worms in the last year?		
Have you seen your pet passing any worms?		
Has your pet had any illness/injury in the last year?		
Has your pet ever had a seizure?		
Does your pet get table scraps?		
Does your pet ever strain to urinate?		
Has there been any recent vomiting?		
Has your pet been coughing, gagging or sneezing?		
Any lethargy or weakness?		
Any lameness? Circle leg: RF LF RR LR		
Shaking of the head?		
Scratching? Where?		
Significant hair loss?		
Scooting of rear?		
Unusual lumps or bumps?		
Bad breath?		
Unusual discharge?		
Diarrhea or Constipation?		
Stiffness?		
Behavioral changes?		

	Increased?	Decreased?	Same
Drinking?			
Appetite?			
Urination?			
Defecating?			
Weight?			

Your Pet's Name: \_\_\_\_\_

Your Pet's Birthdate: \_\_\_\_\_

Your Pet's Sex: \_\_\_\_\_

Your Pet's color/weight: \_\_\_\_\_

Is Your pet a Cat or Dog? Breed? \_\_\_\_\_

Your FULL Name: \_\_\_\_\_

Address including zip code: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Preferred number: \_\_\_\_\_

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

Email: \_\_\_\_\_

Reason for visit today: \_\_\_\_\_

Has your pet been examined elsewhere for the same condition? Yes No

If so, where? \_\_\_\_\_

What medications is your pet taking now? \_\_\_\_\_

Is your pet allergic to any foods or Rx?

CIRCLE: Yes or No

If yes, please describe \_\_\_\_\_

What food are you currently feeding, please specify brand. Please let us know if it's grain free: \_\_\_\_\_

What flea/heartworm prevention is used? \_\_\_\_\_

Anything else we need to know? \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet today and any other day I request services. I assume responsibility for all charges and understand payment is due at the time the service is rendered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_