

Pet:	
Owner:	
Address:	
Home Phone:	Work Phone:
E-mail:	Species:
Sex:	Breed:
Color:	Birth Date:



HISTORY

Chief Complaint:

History of Present Illness:

other family members or pets ill?

Past History:

Vaccinations:

Deworming:

Prior Illnesses:

Prior Surgeries:

Prior Injuries:

Medications:

Heartworm Preventative:

Flea Control:

Over the Counter Meds:

Prescriptions:

Supplements:

Environmental History:

Indoor, Outdoor or both:

Other Pets:

How much time do you spend with pet daily?

Any major changes in the household:

Regular exercise:

Diet:

Diet:

How much:

How often:

Systems Review:

General: change in attitude, behavior, energy
change in food or water intake

EENT: discharge or irritation

Skin: itching, hair loss, change in coat quality

Musculoskeletal: change in walking, lameness

Cardiovascular: exercise intolerance, fainting,
shortness of breath, bluish tongue

Respiratory: coughing, sneezing, panting

Digestive: vomiting, diarrhea, belching,
Flatulence, bowel movements per day

Urinary: change in volume or frequency of
Urination, straining to urinate

Reproductive: If not neutered, last heat,
last bred, any complications

Neurologic: seizures, incoordination,
confusion, weakness.

Lymphatics: lumps or swellings