



WASHINGTON AVE.  
**Animal Hospital**

**History Form**

**Pet Name:**

<b>Sex</b>		<b>Species</b>	
<b>Breed</b>		<b>Age</b>	
<b>Color</b>		<b>Weight</b>	

**Client information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Primary Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Secondary Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

Physical Address: \_\_\_\_\_ unit  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Appt. date** \_\_\_/\_\_\_/\_\_\_\_ **Appt. time** \_\_\_\_:\_\_\_\_ **Arrival time:** \_\_\_\_:\_\_\_\_

**Please take a moment to fill out our History Form before your scheduled appointment.**

**Reason for this visit:** \_\_\_\_\_

**Please list ANY known allergies that your pet has.**

- \_\_\_\_\_

**Please list ANY existing medical problems that your pet has.**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Any previous surgeries or procedures?**

- \_\_\_\_\_

**Please list ALL Heartworm and Flea/Tick preventatives that your pet takes.**

- \_\_\_\_\_

**When was the last dose given? \_\_\_/\_\_\_/\_\_\_\_\_**

**Please list ALL medications that your pet takes (including OTC meds and supplements).**

***Include dose and frequency given:***

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**What is your pet's normal diet? Include brands and style (*i.e., wet or dry*)**

- \_\_\_\_\_

**Has there been a recent diet change?**

- Yes
- No

**How is your pet's activity?**

- Normal
- Decreased
- Increased
- Hiding more than usual

**How is your pet's appetite?**

- Normal
- Decreased
- Increased

**How is your pet drinking?**

- Normal
- Decreased
- Increased

**Is your pet coughing?**

- No
- Yes

**Is your pet sneezing?**

- No
- Yes

**Does your pet have any eye or nose discharge? Please describe.**

- No
- Eye discharge
- Nose discharge
- Eye and nose discharge
- \_\_\_\_\_

**Is your pet vomiting or regurgitating? (Vomiting with abdominal heaving component vs. Regurgitating food falling out of mouth without abdominal heaving)**

- No
- Vomiting
- Regurgitating

**How are your pet's stools?**

- Normal
- Diarrhea

**Do you think your pet may have eaten anything that it shouldn't have (such as garbage or a toy)?**

- No
- Yes

**How is your pet's urination?** *(Check all that apply)*

- Normal
- Increased frequency
- Decreased frequency
- Accidents in house

**Has your pet had a urinary problem in the past?**

- No
- Yes

**Is your pet having any skin or ear problems?**

- No
- Yes

**Is there any additional pertinent information we should know about your pet today?** Please explain: \_\_\_\_\_