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**Patient History Form**

**Please describe concerns that you have for your pet today:**

Cough: \_\_\_\_\_

Sneeze: \_\_\_\_\_

Nasal or Eye Discharge: \_\_\_\_\_

Diarrhea: \_\_\_\_\_

Vomiting: \_\_\_\_\_

Change in Appetite: \_\_\_\_\_

Change in Activity/Energy Level: \_\_\_\_\_

**Please tell us about your pet's diet:**

Name of food: \_\_\_\_\_ Wet or Dry? \_\_\_\_\_

Does your pet receive treats? \_\_\_\_\_ Brand \_\_\_\_\_ Table Food? \_\_\_\_\_

**Heartworm and Flea Prevention:**

Name of Heartworm medication: \_\_\_\_\_ Date given \_\_\_\_\_

Name of Flea prevention: \_\_\_\_\_ Date applied \_\_\_\_\_

Do you need refills of heartworm medication? \_\_\_\_\_ Flea medication \_\_\_\_\_

**If physical exam reveals that you pet is healthy enough, would you like us to update vaccines and heartworm test/fecal exam?**

- Initial please                      Yes \_\_\_\_\_ No \_\_\_\_\_

Heartworm tests are required yearly in order to continue refilling heartworm prevention. Heartworm prevention is needed all year long in this area!

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*Signature of Owner*

*best phone number today*

**ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.**