

Patient History

Where did you get your pet? _____

How long have you owned your pet? _____

Does your pet have any known genetic issues? _____

Has your pet had any previous medical problems, trauma, or procedures? _____

Does your pet have any known allergies? _____

Has your pet been to any referral hospitals within the last year? If so, which one(s) and why? _____

Environment

How much time does your pet spend indoors/outdoors? _____%indoor/ _____% outdoor

What type of exercise does your pet get and how much? _____

Has your pet traveled within the last year? If so, where? _____

Does your pet go to a boarding facility? _____ Does your pet go to a grooming facility? _____

Does your pet go to the dog park, pet store, training class, etc? _____

How many people live in your household? _____ Any new members within the last year? _____

Any other pets in the household? Specify type and number. _____

Nutrition

What brand/variety of dry food does your pet eat? _____

What brand/variety of canned/pouch food does your pet eat? _____

How much do you feed and how often? _____

Does your pet get any treats or table scraps? _____ What type and how much? _____

What is the source of your pet's water? _____

Medication and Supplements

Is your pet on any heartworm, flea, and/or tick preventative? What type? _____

Have you missed any doses in the last year? _____

Does your pet take any medications? Note name, dose, and frequency. _____

Does your pet take any supplements such as fish oil, joint supplements, or vitamins? Note name, dose, and frequency. _____