PATIENT HISTORY QUESTIONNAIRE

6. Any injury or illness in the past 30 days? NoYes		Patie	ent Name :			Date :	
Can we add/verify your email address for reminders and bulletins? If yes:							
What is your preferred method of payment for today's visit? Cash Check Debit Card Credit Card 1. Is your pet currently on any medications? Heartworm Prevention Flea/Tick Control Other 2. Is your pet allergic to any drugs/medication? No Yes (list) 3. Do you need any refills or diet pickups today? No Yes (list) 4. What is your pet's diet? Wet Dry Brand How much and when each day? 5. What percentage of time do you estimate your pet spends outdoors? % 6. Any injury or illness in the past 30 days? No Yes 7. Any history of seizures? No Yes (frequency) 8. Any recent changes in? Appetite No Yes Bowel Movemts No Yes Water Intake No Yes Urination No Yes Weight No Yes Behavior No Yes 9. Has your pet exhibited any of the following problems? Lumps/Bumps No Yes Shaking Head No Yes Hair Loss No Yes Shaking Head No Yes Scratching No Yes Weakness No Yes Sneezing No Yes Stiffness No Yes							
1. Is your pet currently on any medications? Heartworm Prevention	Can we add/veri	fy your e	mail address for r	eminders and bulle	etins? If yes:		
Other	What is your pre	eferred m	ethod of payment	for today's visit?	Cash Check	Debit Car	rd Credit Card
3. Do you need any refills or diet pickups today? NoYes (list) 4. What is your pet's diet? WetDry Brand How much and when each day? 5. What percentage of time do you estimate your pet spends outdoors?% 6. Any injury or illness in the past 30 days? NoYes	_	-	-				
4. What is your pet's diet? Wet Dry Brand How much and when each day?	2. Is your pet all	ergic to a	any drugs/medicat	ion? NoYes (list)		
5. What percentage of time do you estimate your pet spends outdoors? % 5. Any injury or illness in the past 30 days? No Yes 7. Any history of seizures? No Yes (frequency) 8. Any recent changes in? Appetite No Yes Bowel Movemts No Yes Water Intake No Yes Urination No Yes Weight No Yes Behavior No Yes 9. Has your pet exhibited any of the following problems? Lumps/Bumps No Yes Shaking Head No Yes Bad Breath No Yes Bad Breath No Yes Scratching No Yes Weakness No Yes Coughing No Yes Lameness No Yes Sneezing No Yes Stiffness No Yes	3. Do you need a	any refill	s or diet pickups to	oday? No Yes ((list)		
Water Intake No Yes Urination No Yes	4. What is your j	pet's diet	? Wet Dry	_ Brand	How much and	l when ea	ch day?
6. Any injury or illness in the past 30 days? NoYes							
7. Any history of seizures? NoYes (frequency)	•	_	•				
8. Any recent changes in? Appetite NoYes	J J J		1				
Appetite No_ Yes Bowel Movemts No_ Yes Water Intake No_ Yes Urination No_ Yes Weight No_ Yes Behavior No_ Yes Behavior No_ Yes Per substituted any of the following problems? Lumps/Bumps No_ Yes Shaking Head No_ Yes Bad Breath No_ Yes Scratching No_ Yes Weakness No_ Yes Scratching No_ Yes Scratching No_ Yes Scratching No_ Yes Stiffness No_ Yes Sneezing No_ Yes Stiffness No_ Ye	7. Any history o	f seizure:	s? No Yes (fr	requency)			
Water Intake No Yes Urination No Yes Behavior No Yes P. Has your pet exhibited any of the following problems? Lumps/Bumps No Yes Shaking Head No Yes Bad Breath No Yes Scratching No Yes Weakness No Yes Coughing No Yes Lameness No Yes Stiffness	3. Any recent ch	anges in	?				
Weight No Yes Behavior No Yes	Appetite	No	Yes		Bowel Movemts	No	Yes
D. Has your pet exhibited any of the following problems? Lumps/Bumps No Yes Shaking Head No Yes Shaking Head No Yes Scratching No Yes Weakness No Yes Coughing No Yes Lameness No Yes Stiffness	Water Intake	No	Yes		Urination	No	Yes
Lumps/Bumps No Yes	Weight	No	Yes		Behavior	No	Yes
Hair Loss No Yes	9. Has your pet e	exhibited	any of the follow	ing problems?			
Scratching No Yes	Lumps/Bumps	s No	Yes		Shaking Head	No	Yes
Scratching No Yes	Hair Loss	No	Yes		Bad Breath	No	Yes
Coughing No Yes Lameness No Yes Sneezing No Yes Stiffness No Yes							
Sneezing No Yes Stiffness No Yes	•						
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Technician Notes:	•	loodwork					
Diagnostic Bloodwork Reviewed Accepted or Declined Note:	Fecal Test						
Diagnostic Bloodwork Reviewed Accepted or Declined Note:	•	revention					
Diagnostic Bloodwork Reviewed Accepted or Declined Note: Fecal Test Reviewed Accepted or Declined Note: Urinalysis Reviewed Accepted or Declined Note:	Flea/Tick Control		Reviewed	•	Declined Note: _ Declined Note: _		