



## Pet Health History

Thank you for giving us the opportunity to take care of your pet. Please take a moment to fill out this form Completely so that we can take of your friend the best way possible.

Your Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Dog     Cat     Other: \_\_\_\_\_

Pet's Birthday or Age: \_\_\_\_\_

(as close as you can approximate)

Male     Female     Spayed/Neutered Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please check any medical conditions that apply:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Anal gland infection | <input type="checkbox"/> Ear infection   | <input type="checkbox"/> Heartworm disease    | <input type="checkbox"/> Pancreatitis     |
| <input type="checkbox"/> Anemia               | <input type="checkbox"/> Eye infection   | <input type="checkbox"/> Intestinal parasites | <input type="checkbox"/> Pneumonia        |
| <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Feline Aids     | <input type="checkbox"/> Kidney Failure       | <input type="checkbox"/> Seizures         |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Feline leukemia | <input type="checkbox"/> Kidney infection     | <input type="checkbox"/> Skin allergies   |
| <input type="checkbox"/> Bone fractures       | <input type="checkbox"/> Fleas           | <input type="checkbox"/> Kidney stones        | <input type="checkbox"/> Skin infection   |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Food allergies  | <input type="checkbox"/> Liver disease        | <input type="checkbox"/> Thyroid disease  |
| <input type="checkbox"/> Collapsing trachea   | <input type="checkbox"/> Glaucoma        | <input type="checkbox"/> Mange                | <input type="checkbox"/> Ticks            |
| <input type="checkbox"/> Dental abscess       | <input type="checkbox"/> Heart murmur    | <input type="checkbox"/> Nasal infection      | <input type="checkbox"/> Vaccine reaction |
| <input type="checkbox"/> Other: _____         |  |   |   |

Please give more details about any medical condition checked above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any current medications (including heartworm preventive):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your pet's diet? \_\_\_\_\_