

## Pet Health History

Owner \_\_\_\_\_

Name of pet \_\_\_\_\_ Dog or Cat \_\_\_\_\_ Breed \_\_\_\_\_

Male or female? \_\_\_\_\_ Neutered or spayed? \_\_\_\_\_ Color \_\_\_\_\_

Date of birth \_\_\_\_\_ Microchip \_\_\_\_\_

Any alerts or known allergies? \_\_\_\_\_

Please (X) any symptoms or problems that you have noticed about your pet:

Bad breath ( )

Behavior Problems ( )

Bleeding Gums ( )

Breathing Problems ( )

Coughing ( )

Diarrhea ( )

Vomiting ( )

Increase in thirst or urination ( )

Lack of Appetite ( )

Limping ( )

Loss of Balance ( )

Scotting ( )

Scratching ( )

Shaking Head ( )

Seizures ( )

Weakness ( )

Weight loss ( )

Vision or hearing problems ( )

Other: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Vaccination History: Date and type of last vaccinations \_\_\_\_\_

\_\_\_\_\_ Last heartworm test \_\_\_\_\_

Your pet's last veterinary visit was with whom and when? \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_

List your pet's current medications \_\_\_\_\_

**Authorization:** I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that charges will be paid for at the time of discharge.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

Method of payment: Cash ( ) Check ( ) Credit Card ( ) Debit Card ( ) Care Credit ( )

We will gladly prepare of written estimate if you desire. Thank you for the opportunity to care for your pet.