

# Comprehensive Pet History

Last Name: \_\_\_\_\_

Is your address & phone number still correct?  Yes  No

Are you aware pet insurance is available?  Yes  No

Will your pet need additional restraint for the exam?  
(ie: history of snapping, aggressive behavior)  Yes  No

Is your pet current on all vaccinations?  Yes  No

Is your pet spayed or neutered?  Yes  No

Is your pet on heartworm prevention?  Yes  No  
Type: Heartgard  Sentinel  Revolution

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

Flea control used?  Yes  No  
Type: Frontline  Advantage  Sentinel

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

Has the pet been passing worms?  Yes  No

Description: \_\_\_\_\_

Any injury or illness in the past 30 days?  Yes  No

Describe: \_\_\_\_\_

Does the pet have a history of having seizures?  Yes  No

Is your pet currently on any medications?  Yes  No

If so, what medication(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your pet allergic to any drugs/medications?  Yes  No

If so, to what: \_\_\_\_\_

What food is your pet currently eating?  
\_\_\_\_\_

Are there any food intolerances/ allergies?  Yes  No

If so, to what: \_\_\_\_\_

Shaking Head?  Yes  No

Scratching?  Yes  No

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Hair Loss?  Yes  No  Patchy  General  
 Excessive Shedding

Scotching?  Yes  No

Weakness?  Yes  No

Vomiting?  Yes  No

Coughing?  Yes  No

Gagging?  Yes  No

Sneezing?  Yes  No

Lethargy?  Yes  No

Appetite:  Increased  Normal  Decreased

Weight:  Lost  Stable  Gain

Water Consumption:  Increased  Normal  Decreased

Bowel Movements:  Constipated  Normal  Diarrhea

How Long: \_\_\_\_\_

Urination:  Normal  Increased amount  
 Increased frequency

Straining to urinate?  Yes  No

Any lumps or bumps?  Yes  No

Where: \_\_\_\_\_

Bad breath?  Yes  No

Lameness/ Stiffness?  Yes  No

Which leg(s): \_\_\_\_\_

Difficulty rising?  Yes  No

After sleeping?  Yes  No

After exercise?  Yes  No

Any Behavioral Changes?  Yes  No

Describe: \_\_\_\_\_

Any other concerns? \_\_\_\_\_

\_\_\_\_\_