



**Pet Health History**

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

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Spayed/Neutered?** Yes No **Color and Markings:** \_\_\_\_\_

**Date of last vaccinations:** \_\_\_\_\_

**Current: Heartworm prevention:** \_\_\_\_\_

**Flea prevention:** \_\_\_\_\_

**Medications ( prescribed by Doctor, OTC, or herbal):** \_\_\_\_\_

\_\_\_\_\_

**Current diet fed:** \_\_\_\_\_ **Canned or Dry**

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**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Spayed/Neutered?** Yes No **Color and Markings:** \_\_\_\_\_

**Date of last vaccinations:** \_\_\_\_\_

**Current: Heartworm prevention:** \_\_\_\_\_

**Flea prevention:** \_\_\_\_\_

**Medications ( prescribed by Doctor, OTC, or herbal):** \_\_\_\_\_

\_\_\_\_\_

**Current diet fed:** \_\_\_\_\_ **Canned or Dry**

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

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Spayed/Neutered?** Yes No **Color and Markings:** \_\_\_\_\_

**Date of last vaccinations:** \_\_\_\_\_

**Current: Heartworm prevention:** \_\_\_\_\_

**Flea prevention:** \_\_\_\_\_

**Medications ( prescribed by Doctor, OTC, or herbal):** \_\_\_\_\_

\_\_\_\_\_

**Current diet fed:** \_\_\_\_\_ **Canned or Dry**



**Primary Reason for Today's visit:**

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**Please check and explain any problems your pet is having:**

<b>Behavior:</b>	<b>Diarrhea:</b>	<b>Scotting:</b>
<b>Gums/Teeth:</b>	<b>Vomiting:</b>	<b>Scratching:</b>
<b>Breathing:</b>	<b>Not eating:</b>	<b>Shaking head:</b>
<b>Coughing:</b>	<b>Weakness:</b>	<b>Thirst change:</b>
<b>Gagging:</b>	<b>Loss of Balance:</b>	<b>Urination change:</b>
<b>Eyes:</b>	<b>Limping:</b>	<b>Weight Problems:</b>
<b>Sneezing:</b>	<b>Lethargic:</b>	<b>Other Problems:</b>