

Plumsted Animal Hospital, LLC.

Comprehensive Pet History

Pet: _____ Owner: _____

Date ___/___/___

Are your address & phone number still correct? no yes

If this is your first visit, is this your first pet? no yes

Has your pet been microchipped? no no, but I am interested yes

Reason for today's visit? Annual wellness exam & vaccines

other explain: _____

Has your pet been seen for the same condition recently? no yes, when _____

Are your pet's vaccinations up to date? no yes don't know

Is your pet spayed or neutered? no yes don't know

Has your pet's stool been checked for parasites within the last 6 months? no yes don't know

Have you seen any worms in your pet's stool? no yes, describe _____

Is your pet on heartworm prevention? no yes, year round yes, part of the year

What product(s) do you use?

Is your pet on flea prevention? no yes, year round yes, part of the year

What product(s) do you use?

Has your pet had any illness or injury within the last 30 days? no yes, describe

Is your pet currently on any medications? no yes, Any refills needed? no yes
list _____

Any known allergies to drugs/medications? no yes, list

Any tick exposure? no yes

How often? _____

What do you feed your pet? (list brand and amount)

What treats do you feed your pet?

What table scraps do you feed your pet?

Does your pet have any food intolerances? no yes, describe

Did your pet eat this morning? no yes

Appetite: decreased normal increased

Weight: loss stable gain

Water consumption: decreased normal increased

Bowel movements: constipated normal diarrhea

Urinations: decreased normal increased amount increased frequency straining incontinence

(loss of housetraining)

Vomiting: no yes Coughing: no yes Excessive panting: no yes

Difficulty breathing: no yes Sneezing: no yes Gagging: no yes

Listlessness/lethargy: no yes Weakness: no yes Shaking head: no yes

Scratching: no yes, location _____

Significant hair loss: no patchy loss generalized loss excessive shedding

Scotting: no yes Bad breath: no yes

Lumps or bumps: no yes, describe location

Unusual discharge: no yes, describe location

Lameness: no yes Which leg: RF RR LF LR

Difficulty rising: no yes Difficulty climbing stairs: no yes

Stiffness: no yes

Behavioral changes: no yes, describe



Is your pet having any other problems or issues that you would like to discuss with the doctor today?