

**Compassionate, Comprehensive, Pet Medicine**

“A great pet deserves great care” **PATIENT HISTORY FORM**

**DATE OF APPOINTMENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR TODAY’S VISIT:

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

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***Please mark any of the following symptoms your pet has been experiencing:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **YES** | **NO** |  | **YES** | **NO** |
| PARASITES |  |  | LAMENESS |  |  |
| SEIZURES |  |  | SHAKING HEAD |  |  |
| LUMPS |  |  | HAIR LOSS |  |  |
| STIFFNESS |  |  | ABNORMAL SKIN |  |  |
| ABNORMAL URINATION |  |  | BAD BREATH |  |  |
| ABNORMAL DEFECATION |  |  | GAGGING |  |  |
| INJURIES |  |  | JOINT PROBLEMS |  |  |
| VOMITING |  |  | ABNORMAL DRINKING |  |  |
| COUGHING |  |  | ABNORMAL APPETITE |  |  |
| SNEEZING |  |  | ABNORMAL BEHAVIOR |  |  |
| LETHARGY |  |  | PREVIOUS ILLNESS |  |  |

***If you checked off ‘yes’ next to any of these symptoms, please explain below. Also, describe any other concerns you have regarding your pet’s health at this time.***

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

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I hereby authorize **Neighborhood Pet Clinic** to prescribe and treat the condition presented on this form for the pet presented by me. Neighborhood Pet Clinic and staff will not be held liable for any problems that develop, provided that reasonable care is administered. Furthermore, I agree to pay fees in full for services rendered when my pet is discharged from the hospital’s care, unless prior arrangements have been agreed upon by both parties.

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