Falls Road
ANIMAL HOSPITAL

Healthy Pet History

Pet's Name: Date:

COMMON QUESTIONS

Has your pet received non-vaccine treatments somewhere else in the past 12 months?

If so, where? When? Diagnosis? Was the problem resolved? ☐ No ☐ Yes

Is your pet intact (not spayed/neutered)? ☐ No ☐ Yes

Last Heat? (females only) ☐ No ☐ Yes

FELINE HISTORY QUESTIONS

How old is your cat? ☐ <1 ☐ 1–8 ☐ >8

Has (s)he been in any fights in the past 12 months? ☐ No ☐ Yes

Does (s)he go outside? ☐ No ☐ Yes

What about on a deck, balcony or porch? ☐ No ☐ Yes

Do you have other cats? If so, how many?_____ ☐ No ☐ Yes

Do they go outside? ☐ No ☐ Yes

CANINE HISTORY QUESTIONS

How old is your dog? ☐ <1 ☐ 1–6 ☐ >6

Has your dog missed any heartworm doses in the past 12 months? How many? ☐ No ☐ Yes

Do you need a refill? Current product?_____ ☐ No ☐ Yes

Have you ever found fleas/ticks on your dog? ☐ No ☐ Yes

Do you need a prevention refill? Current product? _____ ☐ No ☐ Yes

Does your dog go places where there are deer, foxes, raccoons, etc? ☐ No ☐ Yes

Does your dog go places where there are rats? ☐ No ☐ Yes

Would you describe your dog as a "city dog" ☐ No ☐ Yes

HISTORY: Check all that apply

☐ Increased drinking	☐ Increased urination	☐ Diarrhea	☐ Vomiting	☐ Behavior changes	☐ Seizures/Epilepsy
☐ Changes in appetite	☐ Exercise intolerance	☐ Weight changes	☐ Sneezing	☐ Coughing/Wheezing	☐ Lameness
☐ Difficulty with stairs	☐ Itching	☐ Flaky skin	☐ Unusual odor	☐ Shaking head	☐ Ear discharge
☐ Scratching	☐ Rash	☐ Hair loss	☐ Scooting	☐ Lumps or growths	☐ Restlessness/pacing at night
☐ Dropping food	☐ Difficulty eating	☐ Bad breath	☐ Eye Discharge	☐ Cloudy eyes	☐ Squinting