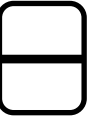




1 Rowe Avenue, Milford, CT 06461 | P (203)878-3117 F (203)877-7558

Patient History Form

Info Confirmed
Guidelines Given



Today's Date: ___/___/___ Patient History for (Last Name, Pet Name)_____

Age _____ Male / Female Spayed / Neutered Indoor Cat / Outdoor Cat # of Litter boxes in home _____

Does your pet have a Microchip? Y / N If Yes, what is the number _____

Would you like us to implant a microchip today for \$50.00? (Includes; implant, activation, lifetime membership) Y / N

What is the main reason for your visit today? _____

If new patient, when was the last veterinary visit? _____ Hospital Name _____

Diet: Brand _____ Dry / Canned Amount _____ Frequency _____

Human/Table Food Y / N If Yes, what? _____

Current Medications/Supplements/Vitamins? _____

Currently on Heartworm Prevention? Y / N If yes, what brand? _____ Do you need more? Y / N

Currently on Flea/Tick Prevention? Y / N If yes, what brand? _____ Do you need more? Y / N

Any? If yes, please describe how long, how often, blood/color, etc.

Vomiting (Inc. hairballs) Y / N _____

Diarrhea Y / N _____

Coughing Y / N _____

Sneezing Y / N _____

Appetite? ↑ / Same / ↓ Thirst? ↑ / Same / ↓ Urination? ↑ / Same / ↓

New/Changing lumps? Y / N Difficulty getting up/down? Y / N Behavioral concerns? Y / N

Any scooting/scratching/shaking head/car sickness/separation anxiety? Y / N Is your pet: Over/Under/Healthy Weight

Do you: Brush your pet's teeth? Y / N Use Dental treats/chews? Y / N Think your pet has bad breath? Y / N

Any other concerns? _____

Filled out by: _____

Signature

Print

PLEASE DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY

Weight: _____ lb _____ oz Physical exam includes all below: See next page for abnormal findings Tech: _____

T _____ P _____ R _____ mm _____ CRT _____ Attitude: BAR QAR Depressed Obtunded

EENT: PLR + OU, no oc/nasal discharge, AU _____, no TN/neck masses

H&L: PQSS (pulse quality strong and synchronous), no murmur/arrhythmia, normal BV x4

Abd: Soft, non-painful, No masses or organomegaly

PLN: wnl Neuro: wnl U/G _____ BCS ___/9

MSI: no fleas/flea dirt, no skin lesions, no masses, ambulatory x 4, no back/neck/joint pain

Dental/Oral: