

**Medical Information / History**



Account# \_\_\_\_\_

To assist the doctor in the assessment of your pet, please take just a few moments to complete this form. These are some of the questions that the doctor would ask during an appointment. By answering them now it will better enable us to proceed to a quick and accurate diagnostic/ treatment plan

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(circle one) Dog / Cat M / F Neutered / Spayed Breed \_\_\_\_\_ Age: \_\_\_\_\_  
 Does your pet stay primarily (circle one): Indoors / Outdoors / Both

Please Circle	Yes	No	(Explain on line)
Has your pet had any recent medical problems?	Yes	No	_____
Does your pet have any chronic medical problems?	Yes	No	_____
Does your pet have any allergies?	Yes	No	_____
Is your pet on any medication?	Yes	No	_____
Has your pet traveled out of the state?	Yes	No	_____
Was your pet heartworm tested within the last year?	Yes	No	_____
Is your pet given heartworm prevention medications?	Yes	No	_____
Has your pet been tested for worms in the last year?	Yes	No	_____
Is your <b>dog</b> vaccinated against <b>lyme disease</b> ?	Yes	No	_____

Has your pet shown any of the **signs or symptoms**?

Bad breath or unusual body odors?	Yes	No	Head shaking?	Yes	No
Coughing, sneezing or wheezing?	Yes	No	Itching / Scratching?	Yes	No
Gagging or choking?	Yes	No	Poor coat / Hair loss?	Yes	No
Vomiting or Diarrhea?	Yes	No	Skin problems?	Yes	No
Scotting of rear end?	Yes	No	Lumps or bumps?	Yes	No
Lameness or stiffness?	Yes	No	Tremors or seizures?	Yes	No
Listlessness or weakness?	Yes	No	Unusual discharge?	Yes	No

Has your pet shown **significant change** in any of the following?

Character of bowel movement?	Yes	No	Appetite?	Yes	No
Frequency or amount of urine?	Yes	No	Drinking?	Yes	No
Weight gain or loss?	Yes	No	Behavior?	Yes	No

Please list any other pets you have. \_\_\_\_\_

Have any of them been ill? Yes No

Please list any other information that you feel would be helpful to the doctor. \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*“ Dr Brown Comes Around ”*