PATIENT INFORMATION and MEDICAL HISTORY

Please print clearly and provide the following information.
Check all appropriate boxes below.

Date: _____

Client Name: _____ Pet Name: _____

Current Problem(s) and Medical History

Duration of current problems (e.g., days, weeks, months)? _____

List any medical problems or procedures that have occurred within the past two years (include any surgery, trauma, etc.):

_____

_____

General Information

How long have you owned your pet? _____

What is your pet's diet? ☐ Canned ☐ Dry Brand: _____

Are all vaccinations current? ☐ Yes ☐ No

Has your pet traveled outside the state within the past 6 months? ☐ Yes ☐ No

Are there other pets in your household? ☐ Yes ☐ No If yes, describe: _____

Current Medications

Please list (drug/dose/frequency): _____

_____

Any unusual reactions to medication(s)? ☐ Yes ☐ No If yes, please describe: _____

Changes in Normal Activity and/or Routines

Appetite	☐ No	☐ Increased	☐ Decreased	
Water Intake	☐ No	☐ Increased	☐ Decreased	
Weight	☐ No	☐ Increased	☐ Decreased	
Bowel Movements	☐ No	☐ Increased	☐ Decreased	☐ Straining
Urinations	☐ No	☐ Increased	☐ Decreased	☐ Straining
Coughing/Sneezing	☐ No	☐ Occasional	☐ Frequent	
Vomiting	☐ No	☐ Occasional	☐ Frequent	
Changes in walking	☐ No	☐ Yes		
Skin changes	☐ No	☐ Yes		
Swellings or masses	☐ No	☐ Yes		

Please describe any changes marked above or provide additional information on reverse side.

affix DVMax patient label here