



HIGHLAND ANIMAL HOSPITAL MEDICAL HISTORY

The information requested will tell us the things you want us to do for your pet. It is the only way we can be certain that we understand what you want, therefore it is very important for you to be as specific as possible.

Owner's Name _____ Date _____

Has your address or phone number changed recently? **Yes** **No**

Owner's email address _____ May we contact you with announcements or updates? **Yes** **No**

Pet's Name _____ Breed _____ Sex _____ Age _____

Are you aware that pet insurance is available? **Yes** **No**

If no, would you like information on it? **Yes** **No**

Chief complaint or reason for visit: **Routine Vaccinations** **Problem** _____

Has your pet been treated for this condition recently? **Yes** **No**

When was last treatment? _____

Current diet: **Dry food** _____ **Canned food** _____ **Number of feedings per day** _____

Does your pet get table scraps? **Yes** **No** _____

Treats? **Yes** **No** _____

Any food intolerances? **Yes** **No** _____

What time did your pet last eat? _____

How much time does your pet spend outdoors? _____

Any injuries in the past 30 days? **Yes** **No** **What Type:** _____

Is your pet allergic to any medications? **Yes** **No** **To What?** _____

Is your pet currently on any medications? (Including supplements, glucosamines, aspirin...) **Yes** **No**

What type? _____ Dosage: _____

Heartworm preventative: **No** **Seasonal** **Year-round**

Which product? _____

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Your pet's appetite is: **Increased** **The same** **Decreased**

Your pet's weight is: **Increased** **The same** **Decreased**

Your pet's water intake is: **Increased** **The same** **Decreased**

Your pet's bowel movements are: **Excessively soft/diarrhea** **Normal** **Excessively hard/constipated**

Your pet is urinating: **Less** **The same** **More than usual** **Straining to urinate** **Blood in urine**

Any sneezing? **Yes** **No** **How often?** _____ **Duration of sneezing?** _____

Any coughing? **Yes** **No** **How often?** _____ **Duration of coughing?** _____

Any vomiting? **Yes** **No** **How often?** _____ **Any particular time of day/night?** _____
Duration of vomiting: _____

Any gagging? **Yes** **No** **How often?** _____
Duration of gagging: _____

Any weakness? **Yes** **No** **How long has the weakness been present?** _____

Any limping? **Yes** **No** **For how long?** _____ **Which leg(s)** _____

Is your pet having difficulty rising? **Yes** **No** **After sleeping?** **Yes** **No** **After exercising?** **Yes** **No**

Does your pet seem more stiff? **Yes** **No** **When does this occur?** _____
How long has he/she seemed stiff? _____

Is your pet shaking his/her head? **Yes** **No** **Any abnormal odor around the ears?** **Yes** **No**

Has your pet been lethargic? **Yes** **No** **For how long?** _____

Is your pet itchy? **Yes** **No** **How long has he/she been itchy?** _____
Has he/she been itchy in the past? **Yes** **No** **Year-round** **or Seasonal**

Any abnormal hair loss? **Yes** **No** **Patchy** **Generalized** **Excess shedding**

What type of flea control are you using? **Frontline** **Revolution** **Advantage** **Other** _____

Any new lumps or bumps? **Yes** **No** **Where?** _____ **Present for how long?** _____

Is your pet scooting? **Yes** **No**

Does your pet have any history of seizures? **Yes** **No**

Does your pet have any unusual discharge? **Yes** **No** **Where?** _____

Do you brush your pet's teeth? **Yes** **No** **How often?** _____

Does your pet have bad breath? **Yes** **No**

Has your pet had any change in behavior? **Yes** **No** **Explain:** _____

Anything else we should know?
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As part of your pet's preventative wellness examination, we strongly recommend annual blood testing to evaluate your pet's internal organs. For pets under the age of 7 the charge is \$42.00; from 7 to senior the charge is from \$87.00 to \$103.00.

Would you like to have this wellness blood work done on your pet today? **Yes** **No**

The CDC and Companion Animal Parasite Council (CAPC) both recommend annual deworming of all companion animals. For cats the charge is \$11 - \$18. For dogs the charges range from \$4 - \$36. (Charge depends on size of pet). Would you like us to deworm your pet today? Yes No

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If we are examining your pet today because he/she has a problem and the Doctor feels that additional diagnostic testing (i.e. blood work, x-rays) are necessary, may we proceed?

Yes

No

Call me first

I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expenses involved.

Date

Owner/agent

Phone numbers where you can be reached