



## **Dear Valued Clients,**

During the COVID-19 Pandemic, many veterinary clinics are moving to "curbside care" to limit physical contact and adhere to social distancing recommendations. These new procedures help to limit exposure, not only to pet owners, but also to our veterinary team.

Please call the office to schedule an appointment for your pet.

In order for your veterinary healthcare team to provide comprehensive care for your pet, please fill in this form and return via email prior to your visit.



# Medical History Form

Date:

## CLIENT INFORMATION:

Client Name:

Address:

Phone:  Home  Cell  Work:

Email:

## PATIENT INFORMATION:

Pet Name:

Breed:

Species:  Dog  Cat  Other

Color:

Sex:  M  F

Date of Birth:

Spayed/Neutered:  YES  NO

## PATIENT HISTORY:

Describe your concern:

How long has it been going on?  DAYS  WEEKS  MONTHS

What are you currently feeding your pet?

How is their appetite?  POOR  GOOD  EXCELLENT

When did they eat last?

Are you currently giving any medications or supplements? If so: NAME/DOSE/LAST GIVEN

Any coughing or sneezing? If so, please describe:

Any vomiting or diarrhea? If so, please describe:

Have they gotten into anything? Eaten anything unusual?

Is your pet indoors only? (CATS)  YES  NO

Any environmental changes?

How is their behavior?  LETHARGIC  NORMAL  HYPERACTIVE

Any changes to thirst?  INCREASED  NORMAL  DECREASED

Any changes to urination?  INCREASED  NORMAL  DECREASED

How are their bowel movements?  NORMAL  ABNORMAL

When was their last bowel movement?