



DOG Health History

Patient Name: _____ Client Name: _____ Phone: _____

Is your address & phone number still correct? Yes No What is your current email? _____
 Does this pet have Medical Insurance? Yes No May we email you regarding your pet? (no spam) _____
 Is your pet Microchipped? Yes No WERE YOU ASKED TO BRING A STOOL SAMPLE TODAY? Yes No

Chief Complaint or Reason for Visit:

Vaccinations given within the last year? Yes No
 Is your pet on Heartworm preventive? Yes No Brand? _____

Current Medications/ Nutritional Supplements/ Vitamins and how often:

TRAVEL If your pet travels outside Tucson, to where: _____

DIET (brand and canned/dry/pouches): _____
 Snacks/ People food No Yes _____

Dental Care (toothbrushing/ chews/ greenies etc)? _____

Allergic Reaction to Medication? No Yes What _____

Adverse Reaction to Vaccination? No Yes Which _____ When _____

Adverse Reaction to Food? No Yes What _____

	Norm	Abnorm	Describe
Appetite			
Drinking			
Bowel Movements			
Urination			
	NO	YES	DESCRIBE (how often, for how long, where)
Vomiting			
Diarrhea			
Coughing			
Sneezing			
Loud Breathing Noises			
Bad Breath			
Lumps / Bumps			
Scotting			
Excess Licking/ Scratching			
Hair Loss			
Shaking Head			
Unusual Discharge			
Lameness/ Stiffness			
Difficulty Rising			

-----Office use only-----

Wt _____ T _____ P _____ R _____

DA2PPC BORD RABIES 1 yr 3 yr _____

FECAL ADLT SCRN SR SCRN TNT HWT HW Prevent _____

OTHER _____

CSR _____

Tech _____