



Additional Pet Health History

Please provide a copy of your pet's vaccination history if available.

Pet's Name _____ Owner's First Name _____ Last Name _____

Dog Cat Other _____

Breed _____ Color _____

Age (Date of Birth) _____ Sex _____ Neutered/Spayed: yes no (circle one)

Does your pet have any chronic health problems we should know about? (Kidney disease, heart conditions, arthritis, allergies, diabetes, etc.)

Please describe: _____

Is your pet currently on any medications or a special diet? Please describe: _____

Has your pet's behavior changed in any way? (Please check as many that apply):

Sleeping more Foul breath Drinking more Increased Irritability
 More Frequent Urination Loss of Appetite More frequent defecation, diarrhea, or gas

Other: Please describe: _____

Do you have other pets at home? If so, please complete the following:

Pet's Name	Dog	Cat	Other	Sex	Breed	Birth Date
1. _____	_____	_____	_____	M/F	_____	_____
2. _____	_____	_____	_____	M/F	_____	_____
3. _____	_____	_____	_____	M/F	_____	_____

Are there any special health care questions we can help you with today?

Where may we obtain previous medical records? _____

(Please sign a release of records form so that we may obtain these records on your behalf.)

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above named pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered.

Signature of Owner _____ Date _____