Internal Medicine: Medical History Form

Owner's Name *		
First Name	Last Name	
Email *		
example@example.	com	
Patient's name	*	
Canine/feline:		
breed:		
color:		
Sex:		
How long have	you owned your pet?	
Where is your p	pet housed?	

What is the purpose of the animal?		
For intact females: when was her last heat cycle?		
Approximate in fine		
Approximate is fine		
For Neutered/spayed pets: when was the surgery performed?		
Approximate is fine		
What is your nat's surrent dist?		
What is your pet's current diet?		
Please use brand names.		
Does your pet have contact with other animals? Please explain		
Has your pet ever traveled outside of Southeastern Michigan? Yes No		
100		
If yes please list all places your pet has been outside of southeastern Michigan		
Please list the places your pet has been outside of southeastern Michigan.		

What medications or daily supplements is your pet currently taking? Please provide a complete list

including dosage (mg/ tablet, mg/ml) and amount you give, tick preventatives.	and include heartworm and flea and	
Please list the medications/treatments		
Has your pet had any adverse reactions to any medications? Yes No	?	
If yes, which medications?		
What is your main concern for your pet's upcoming consulta	tion? Please explain in detail	
What is your main concern for your pers apcoming consular	иот. Г теазе ехринт нт астан.	
Has your pet seen any other veterinary offices for this proble veterinarian? (Emergency services, Holistic vet, etc) Please		
Do we have permission to request medical records from the complete your pet's medical record?	above-mentioned veterinary clinics to	
Yes No Has your pet had any illnesses, injuries or surgeries prior to	this problem?	
	-	
Does your pet have any history of anxiety or behavioral issues related to veterinary visits?		

Is your pet currently coughing or sneezing?
Has there been any recent changes in your pet's willingness to play or exercise?
Has there been a recent change in your pet's appetite?
Has your pet recently been having any vomiting or diarrhea? Please explain
Has your pet lost or gained weight recently?
Has there been any recent change in your pet's bowel movements?
Has there been any recent change in your pet's urinary habits? Yes No
If yes, more or less?
Any additional comments?