

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 pet housed?

Purpose of the animal?

For intact females: when was her last heat cycle?

Approximate is fine

For Neutered/spayed pets: when was the surgery performed?

Approximate is fine

What is your pet's current diet?

Please use brand names.

Does your pet have contact with other animals?

HAS YOUR PET EVER TRAVELED OUTSIDE OF SOUTHEASTERN MICHIGAN?

Yes

No

If yes, where?

Please list the places your pet has been outside of southeastern Michigan.

What medications or treatments is your pet currently receiving, including heartworm and flea preventative?:

Please list the medications/treatments.

HAS YOUR PET HAD ANY ADVERSE REACTIONS TO ANY MEDICATIONS?:

Yes

No

If yes, which medications?

What illnesses, injuries or surgeries has your pet had prior to the current problem?:

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 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?