

Surgery Medical History Form

Client Name *

First Name

Last Name

Email *

example@example.com

Pet Name

What is the problem your pet was referred for?

What is the tentative diagnosis from your veterinarian?

Did the problem start suddenly or gradually?

How long has the problem been going on?

Please discuss the course of the disease or condition. (What happened after it started until now?)

Has your pet received any medication for the condition? Please list:

Is your pet currently on any medication? Aspirin? Time of last dose?

Has your pet had any bad reactions to medications?

When did your pet last eat?

What type of food and how much do you feed your pet?

What is the date of your pet's last vaccinations?

Does your pet have a history of vomiting, diarrhea, coughing or sneezing?

Has there been a change in your pet's urination or drinking?

Has your pet ever had seizures?

Has your pet had any previous surgeries? Please list procedures and dates

How long have you owned your pet and where did you obtain him/her from?

What is the purpose of your animal? (show, breeding, pet, working)

Where do you keep your pet (indoors, outdoors, both)?

Do you have other pets?

Has your pet ever traveled outside of Michigan? If yes, where and when?

Additional comments: