



VETERINARY HOSPITAL

Extraordinary care for pets and their owners

PET MEDICAL HISTORY

Contact Name:

Phone Number for today:

Pet's Name:

AUTHORIZATIONS: May we use photos of your pet's visit on our Facebook Page or oldtownvet.com? Yes No

FOR TREATMENT
(Please check one)

If doctor is unable to reach me, I authorize up to \$200 in initial diagnostics or treatment.

Other than the exam fee, no additional charges are authorized without my approval.

Signature:

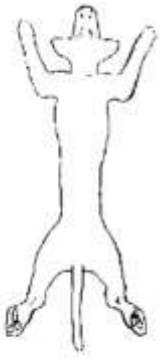
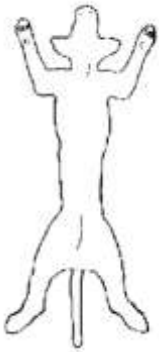
BACKGROUND: Please check Yes (Y) or No (N) where appropriate and provide additional information that might help us understand your pet's health status

Y	N		COMMENTS/ADDITIONAL INFO
		<i>Circle:</i> Indoor/ Outdoor/Both	
		Any recent travel?	
		When was Pet's last meal?	
		Food type, amount & schedule	
		Environmental Changes?	Circle Type: new plants, additional pets, recent fights with other animals, new furniture/ carpet, visiting guests, other. If Other please describe:
		Monthly Heartworm Prevention?	Type: Sentinel, Trifexis, Advantage Multi, Revolution, other
		Monthly Flea Prevention?	Type: Comfortis, Capstar, Sentinel, Parastar, Seresto collar, other
		Any other medications?	Please list:
		Does the pet take any supplements/ vitamins?	Please list:
		Is your pet over 6 years old?	If yes, has geriatric blood screening been done within the last year? YES NO
		Is your pet healthy today?	YES NO If No, please complete the Health Problem Section below.

HEALTH PROBLEMS: Please check Yes (Y) or No (N) for each of the symptoms listed below. If you check yes, please indicate the duration, frequency and whether the symptom has been getting worse in the appropriate column.

Y	N		COMMENTS/ADDITIONAL INFO	How Long	Frequency	Progressing?
GENERAL						
		Any listlessness, weakness, or lethargy?				
		Any coughing, sneezing, or gagging?				
		Bad breath?				
		Any previous major medical problems?				

<i>Y</i>	<i>N</i>		<i>COMMENTS/ADDITIONAL INFO</i>	<i>How Long</i>	<i>Frequency</i>	<i>Progressing?</i>
SKIN						
		Shaking head? Scratching?	Please indicate where			
		Any hair loss?	Please indicate where			
		Any scooting on rear?				
		Unusual bumps or lumps?	Please mark location on diagram			
INTAKE/ OUTPUT						
		Any change in appetite?				
		Any change in water intake?				
		Accidents in the house?				
		Any recent vomiting?	Describe color and substance			
		Does the pet get table scraps?	Types?			
		Any recent diarrhea?	Describe color and consistency.			
		Any straining to urinate?				
		Constipated?				
SKELETAL						
		Any stiffness or pain?	Where?			
		Any limping?	Circle leg: Right/Left Front/ Hind			
		Difficulty getting up/ down stairs? Jumping?				

<p>Please mark the location of any bumps or lumps on your pet:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>TOPSIDE</p> <p>LEFT RIGHT</p>  </div> <div style="text-align: center;"> <p>UNDERSIDE</p> <p>RIGHT LEFT</p>  </div> </div>	<p>Other notes/comments and hospital notes:</p>
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