Medical History Form

Pets Name (first and last): _____ **Date**: _____

Medications and Supplements

I Give the Following Medication/Supplement:	Strength:	How often:
_____	_____	_____
_____	_____	_____
_____	_____	_____

My pet's diet:

	Brand Name	How Much	How often
❒ Dry	_____	_____	
❒ Wet	_____	_____	
❒ Treats	_____	_____	

In the event that your pet runs out of food, are we authorized to feed our house food (Fromm All Natural Adult Formula)? ❒ No ❒ Yes

Does your pet have any allergies to food? ❒ No ❒ Yes If **yes, please list** _____

_____

My pet (lifestyle):

❒ Remains Indoors Only ❒ Goes Indoor & Outdoor ❒Lives Strictly Outdoors ❒ Hunts

❒ Is Supervised When Outdoors ❒ Boards at Kennel ❒ Goes to Daycare

Medical History Form

Bumps, Growths or Masses

My pet has a bump, growth, or mass that has not been seen by a veterinarian before: ❒ No ❒ Yes

It is located:_____

Have any of the above been diagnosed by a veterinarian? ❒ No ❒ Yes

What was the diagnosis? _____

Does Your pet have a history of the following:

❒ Coughing	❒ Scooting	❒ Loss of Balance	❒ Shaking Head	❒ Weight Change
❒ Sneezing	❒ Gagging	❒ Weakness	❒ Bleeding	❒ Appetite Change
❒ Vomiting	❒ Tremors	❒ Vision Changes	❒ Pain	❒ Increased Panting
❒ Diarrhea	❒ Confusion	❒ Eye discharge	❒ Lethargy	❒ Breathing Changes
❒ Hairballs	❒ Seizures	❒ Odor	❒ Depressed	❒ Frequently Urinates
❒ Vocalization	❒ Scratching	❒ Aggression	❒ Biting	❒ House Soiling
❒ Bad Breath	❒ Drooling	❒ Tooth Loss	❒ Dull Coat	❒ Difficulty Chewing
❒ Dandruff	❒ Matted fur	❒ Hair Loss	❒ Constipation	❒ Drinks Excessively
❒ Sore Gums	❒ Overweight	❒ Underweight	❒ Grooms Less	❒ Urinates Large Amount

❒ Skin allergies

❒ Diabetes

❒ Cancer

❒ Urinary Tract Infections

❒ Heart disease

❒ Breathing Problems

❒ Arthritis