



MEDICAL HISTORY

Date: _____

CLIENT INFORMATION

Owner's Name	Dog's Name	Breed	Age

Current Vet Office/Number: _____ (_____) _____ - _____

CURRENT MEDICATIONS AND/OR SUPPLEMENTS

(i.e. supplements such as CBD, raw food additives, fish oil or meds for anxiety, heart, thyroid or blood conditions)

Name Of Med/Supplement	Dose (mg/mL)	Frequency	Start/End or Continuous	Purpose

MY PETS DIET

	Brand Name	Feeding Measurement	Feeding Time(s)
Wet or Raw Food			<input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM <input type="checkbox"/> FREE FEED
Dry Food			<input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM <input type="checkbox"/> FREE FEED
Treats			<input type="checkbox"/> W/Feeding <input type="checkbox"/> Anytime <input type="checkbox"/> For Training Only

In the event your pet runs out of its own food, do you authorize us to use our house food: YES NO

In-House Food	Fromm Grain-Free Chicken (Adult)		<input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM <input type="checkbox"/> FREE FEED
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Additional Notes: _____

Do any food items require refrigeration? YES NO _____

ALLERGIES	Please list all known allergies:
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MEDICAL HISTORY

DOES YOUR PET HAVE A HISTORY OF ANY OF THE FOLLOWING:

Mark all that apply

Physical Conditions

- Arthritis
- Bad Breath
- Hematoma
- Breathing Problems
- Cancer
- Constipation
- Coughing
- Heart Disease
- Underweight
- Overweight
- Weight Changes
- Odor
- Scooting
- Sneezing
- Tooth Loss
- Vomiting
- Weakness
- Blind
- In Heat
- Blood in Stool
- Ear Infections
- Loss of Balance
- Diabetes
- Diarrhea
- Difficulty Chewing
- Eye Discharge
- Vision Changes
- Nasal Discharge
- Gagging
- Hair Loss
- Kidney Failure
- Matted Fur
- Seizures
- Food Allergies
- Sore Mouth/Gums
- UTI
- Shakes When Cold
- Appetite Change (+ or -)
- Deaf
- Luxating Patella
- Fleas or Ticks
- Blood in Urine
- Frequently Urinates
- Urinates Large Amounts

- Collapsing Trachea
 - Breathing Changes
 - Skin Allergies (Dry/flaky skin)
 - Lethargy
 - Hot Spot(s)
 - Pain:
- _____
- Skin Moles:
- _____

Emotional/Behavioral

- Aggression Towards People
- Aggression Towards Other Animals
- Resource Guarder (Protects Food or Toys)
- Resource Guarder (Protects People or Space)
- Biting (Has A Bite History)
- Nipping
- General Anxiety
- Separation Anxiety
- Confusion
- Drools Excessively
- Scratching
- Pants Excessively
- Shaking Head
- Drinks Excessively
- Tremors
- Not Crate Trained
- Vocalization
- Not Potty Trained
- Depressed
- Escape Artist
- Fearful

RECENT SURGICAL PROCEDURE(S)

(i.e. spay, neuter, lump removal, spinal, dew claw or tooth removal)

Date	Procedure	Additional Need To Know Information

CURRENT ILLNESS, INJURY OR PHYSICAL ABNORMALITIES

(i.e. cancer, disease, luxating patella, limp, cropped ears, broken toe, torn ligament, lumps or bumps)

Diagnosis	Treatment	Additional Need To Know Information (i.e. location of injury or abnormalities)