KINDNESS PET CLINIC

PATIENT HEALTH HISTORY FORM

Owner's Contact Info

Name: _____ **Ph:** _____ **Email:** _____

Patient Name: _____ **Date:** ____/____/____

mm / dd / yyyy

Is your pet drinking normally?

- ○ Yes
- ○ No

What is your pet's diet?

Check what applies to your pet:

- ☐ Vommiting / Diarrhea
- ☐ Coughing or Sneezing
- ☐ Currently taking a flea/tick preventative?
- ☐ Currently taking heartworm preventative?
- ☐ Currently taking perscription medications(s)?
- ☐ Needing Medical Refills
- ☐ Has anxiety
- ☐ Abnormal behaviour
- ☐ Spend time scratching / licking / chewing their skin / fur?
- ☐ Stiffness / Soreness
- ☐ Lumps or growths

What is your pet's typical environment (i.e. stays at home, visits local dog parks/attractions, travels frequently)?

Are you planning to board your pet soon?

- ○ Yes
- ○ No

Have you boarded your pet since your last visit?*

- ○ Yes
- ○ No

Please list any additional health history you'd like to share:

_____

SIGNATURE

_____

DATE mm / dd / yyyy