



# Your Pets Medical History

**Your Full Name \***

First Name      Last Name

**Pets Name \***

**What food is your pet currently eating and how much per day? \***

eg. brand, life stage, canned/kibble, measured meals or free choice

**Have there been any changes with appetite? \***

Yes

No

**If yes, please describe:**

**Have you noticed any weight gain or loss? \***

Weight Gain

Weight Loss

Neither

**Any changes with drinking? \***

Increase

Decrease

No Change

**Any changes with urinating, such as frequency? \***

Increased

Decreased

No Change

**Any changes with bowel movements, such as frequency, amount or consistency? \***

Yes

No

**If yes, please describe any changes:**

**Have you noticed any lumps or bumps? \***

Yes

No

**If yes, please describe and list location(s):**

**Have you noticed any changes in vision or hearing?**

Yes

No

**If yes, please describe:**

**Have you noticed any stiffness?**

Yes, often

Yes, only occasionally

No

**Is your pet on any medications or supplements? If yes, please list here:**

**Please describe any presenting concerns you have regarding your pet: \***

Eg. concerns, when first noticed, how often/how much it affects your pet

**Do you have pet insurance?**

Yes

No.

No. I would be interested in more information

No, please sign me up for a free trial! (some restrictions may apply)

**Is there anything else you would like us to know before the appointment, or do you have any questions? \***

