

St. Francis Hospital for Animals Patient History Form

Patient Name: _____ **Date:** _____ **Phone :** _____

Do you have any health/ behavioral questions or concerns that you would like addressed at today's visit? If so please describe as best you can. _____

Is your pet current on heartworm preventative? Yes _____ No _____
Product: _____ Date of Last Dose: _____

Is your pet current on flea and/or tick preventative? Yes _____ No _____
Product: _____ Date of Last Dose: _____

Please list any medications or supplements your pet is currently taking:

Medication Name	Dose - How much do you give?	Frequency- How often do you give?	When was the last time it was given?

Please describe your pet's **diet**. Please be as specific as possible: **Brand name, life stage, specific formula, amount and times given.** _____

Describe your pet's appetite. Normal Increased Decreased

Describe your pet's water consumption. Normal Increased Decreased

Describe your pet's urine output. Normal Increased Decreased

Describe your pet's stools. Normal Loose Mucous Blood

Does your pet have any of the following? Coughing Sneezing Vomiting

If yes please describe _____

Has your pet ever had an adverse reaction to any vaccines or medications?

If yes please describe _____

Tell us about your pet's lifestyle, circle those that apply:

Travels with you Boarding /Daycare Grooming Parks & Social Events
Unsupervised Outside Time Supervised Outside Time Contact w/neighborhood animals

Cats Only!!

How many litterboxes do you have? _____
Litter Brand/Type? _____
How often are they scooped? _____
How often are they emptied & cleaned? _____

Dogs Only!!

Does your dog get routine walks other than bathroom visits? Yes No
Other than walks, what activities do you do with your dog to drain energy?