GENERAL HISTORY

Client/Pat History Template
Date: / /

PATIENT NAME | PATIENT PRESENTED FOR | VACCINE CURRENT/DUE

MEDICAL HISTORY

Any sign of C/S/V/D?

Changes in urine/stools?

Changes in appetite or water intake?

Brand of diet food and treats? How much and how often?

Current medications or supplements? Are refills needed?

Pet's lifestyle: *Indoor or outdoor? Grooming/boarding/dog parks/camping, etc.*?

Current/last HWT - 4DX?

Heartworm, flea/tick prevention? Last given? Are refills needed?

Annual fecal current?

Which pet insurance company do they have?

Other pertinent medical history/information they'd like to share:

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