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:

