Dog/Cat Lifestyle and History

Pet's name: _____ Owner First & Last Name: _____

Today's Date: _____ Is this a.. □ First Time Form, or □ Yearly Renewal Form

Activity

Pet's average percentage of time spent: Indoors _____% Outdoors _____%

What is your pet's typical activity level? □ Inactive □ Some exercise □ Very active

Is your pet's current activity level?: □ same as usual □ Increased □ Decreased from usual

Where does your pet visit or travel outside of home:

□ Friends/family □ Boarding □ Groomer □ Training classes □ Hiking/camping

Recent travel history outside of normal local travel:

_____

Diet

What brand of food do your feed your pet? _____

Is your pet's food: □ Unmeasured □ Measured: _____ cups per feeding _____ cans per feeding

How often do you feed your pet? _____

What else, besides pet food, does your pet eat (treats, people food, etc)?

_____

_____

Any recent dietary changes? □ No □ Yes: _____

How is your pet's appetite? □ Normal □ Increased □ Decreased from usual

How is your pet's water intake? □ Normal □ Increased □ Decreased from usual

Medical Questions

Any medical problems not previously discussed in our hospital? □ None □ Yes:

_____

Any surgical procedures not previously discussed in our hospital? □ None □ Spay/Neuter □ Other:

_____

Any known allergies, including food allergies, vaccine reactions, grass allergies, etc? □ None □ Yes:

_____

_____

_____

_____

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How would you rate your pet's breath? □ Fresh □ Little odor □ Smelly

Is your pet on a heartworm prevention? □ No □ Yes – Brand: _____ Last given: _____

Is your pet on a flea and tick prevention? □ No □ Yes – Brand: _____ ___ Last given: _____

Are all dogs, cats, and rabbits in your home on flea and tick prevention? □ No □ Yes

Does your pet get any supplements or vitamins? □ No □ Yes: _____

Any other medications, including annual injections not performed in our hospital? □ None □ Yes , if yes:

– Name: _____ Dose: _____ Frequency: _____

– Name: _____ Dose: _____ Frequency: _____

– Name: _____ Dose: _____ Frequency: _____

– Name: _____ Dose: _____ Frequency: _____

– Name: _____ Dose: _____ Frequency: _____

Any medical concerns you would like to review with the doctor today? □ No □ Yes:

_____

_____

_____

_____

_____

_____

Any other pets in the home not currently on file with our hospital? □ No □ Yes:

Name: _____ Species_____ Age:_____ length of ownership:_____

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