

Patient Check In History Form

DATE _____

GENERAL INFORMATION

Owner's First Name _____ Last Name _____

Phone Number(s): _____ Email: _____

Pet's Name: _____ DOB: _____ Species/Breed: _____ Color: _____

Sex : Male / Female , Altered ? _____ Microchipped? Yes / No Microchip ID# _____

Spayed/Neutered? Yes / No If no, are you planning on breeding? Yes / No

Are you a New or recent client here? Yes or No

Have you had your pets Vaccination Or Medical Records, or adoption records emailed to us? Yes or No

If Not, Who can we get them from? _____

Pet Insurance Company (if applicable): _____ Policy# _____

Circle All that apply on questions below

WHAT IS THE MAIN REASON FOR YOUR VISIT TODAY? Wellness Exam / Vaccines / Recheck Exam / Illness / Injury

HEALTH CONCERNS: What current PROBLEMS is your pet experiencing? check all that apply:

| | | | | | |
|------------------------|---------------------------|-----------------------|--------------------------|-----------------------------------|----------------------|
| Coughing | Sneezing | Itchy ears | Itchy skin | Licking paws | Vomiting |
| Diarrhea / loose stool | Blood in stool or vomit | Straining to defecate | Nasal discharge | Eye discharge | Straining to urinate |
| Obesity / weight gain | Underweight / Weight loss | Pain / arthritis | Mass / Tumor / Lump Bump | Urinating in inappropriate places | |
| Bad breath / Bad teeth | Vision or Hearing Loss | Behavior concerns | Other: _____ | | |

Additional Information (duration of symptoms): _____

List ALL MEDICATIONS and supplements your pet is taking currently or has finished recently:

For **illness / injury**, please describe below with details describe: _____

How long has your pet had clinical signs? _____ Previous Treatment? _____ Where? _____

PREVENTIVE CARE:

FLEA/TICK PREVENTION (circle one): Bravecto Credelio Revolution Frontline ;Other: _____

Date Last applied/administered: _____

HEARTWORM PREVENTION (circle one): Heartgard Revolution Trifexis Proheart Inj. Other: _____

Date Last applied/administered: _____

Are you familiar with heartworm disease, how it affects pets, and how it is spread? Yes No

DENTAL CARE:

How often do you brush your pet's teeth? Daily Weekly Monthly Never

Does your pet have a hard time eating or chewing ? Yes or No

Date of your pet's last dental cleaning (with a veterinarian) _____

Any previous teeth extracted? Yes / No Were dental X-Rays taken? Yes / No

NUTRITION:

What diet is your pet eating? (circle one): Canned Kibble Mixture home-cooked

Brand _____ Quantity (per day): _____ cups _____ cans _____

Do you give your pet human table food? Yes / No , if yes What _____

Treats? (list what your pet is receiving): _____

ACTIVITY/ENERGY (circle one): Decreased Normal (no concerns) Hyperactive

APPETITE (circle one): Ravenous Normal Decreased Absent (anorexia)

Does your pet have a history of any ILLNESS or prior SURGERIES? Yes No