



# Animal Medical Clinic

## Medical History Form

Owner \_\_\_\_\_ Pet Name \_\_\_\_\_

1. Briefly describe your pets problem:

When did it begin ?

Is it worse or better now ?

Has it happened before ?

What treatments have been tried and how has it worked ?

2. Describe your pets diet and environment (housing, exercise, other animals, etc.)

3. Does your pet show any of these other symptoms:

\_\_\_\_\_ Loss of appetite

\_\_\_\_\_ Vomiting

\_\_\_\_\_ Diarrhea, constipation, straining

\_\_\_\_\_ Change in water consumption

\_\_\_\_\_ Lameness

\_\_\_\_\_ Runny eyes or nose

\_\_\_\_\_ Behavior Change

\_\_\_\_\_ Convulsions

\_\_\_\_\_ Cough or sneeze

\_\_\_\_\_ Trouble urinating

\_\_\_\_\_ Itching

\_\_\_\_\_ Odor or discharge in ears

Describe these or other symptoms:

4. Where can we reach you today (phone number) ?

5. Any other instructions or comments ?