

St. Francis Hospital for Animals Patient History Form

Patient Name:	Date:	Phone:
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Do you have any questions or concerns you would like addressed at today's visit? If so please describe as best you can. _____

Is your pet current on heartworm preventative? Yes No
 Product: _____ Date of Last Dose: _____

Is your pet current on flea and/or tick preventative? Yes No
 Product: _____ Date of Last Dose: _____

Please list any medications or supplements your pet is currently taking.

Medication Name	Dose	Last Given Date & Time

Please describe your pet's diet. Be as specific as possible. Brand name, life stage, specific formula, amount and times given. _____

Describe your pet's appetite. Normal Increased Decreased

Describe your pet's water consumption. Normal Increased Decreased

Describe your pet's urine output. Normal Increased Decreased

Describe your pet's stools. Normal Loose Mucous Blood

Does your pet have any of the following? Coughing Sneezing Vomiting
 If yes please describe _____

Has your pet ever had an adverse reaction to any vaccines or medications?
 If yes please describe _____

Are there any behavioral concerns you would like to discuss? Yes No

Tell us about your pet's lifestyle, circle those that apply.

Travels with you Boarding/Daycare Grooming Parks & Social Events
 Unsupervised Outside Time Supervised Outside Time Contact w/neighborhood animals

Cats Only!!

How many litterboxes do you have? _____
 Litter Brand/Type? _____
 How often are they scooped? _____
 How often are they emptied & cleaned?

Dogs Only!!

Does your dog get routine walks other than bathroom visits? Yes No
 Other than walks, what activities do you do with your dog to drain energy?

