

# Washington Veterinary Clinic P.A.

## Comprehensive Patient Medical History Form

	Yes	No
1. Is your address and phone number current?		
2. Do you have pet health insurance?		
3. Are your pet's vaccinations up to date?		
4. Is your pet spayed or neutered?		
5. Was there a heartworm test in the last year?		
6. Is your pet taking heartworm prevention?		
7. Has your pet been tested for worms in the last year?		
8. Has your pet had any illness/injury in the last year?		
9. Has your pet ever had a seizure or behavioral problem?		
10. Does your pet get table scraps? Type of food		
11. Did your pet eat in the last four hours?		
12. Any change in the nature of urine or urinating?		
13. Has there been any recent vomiting?		
14. Has your pet been coughing, sneezing, or gagging?		
15. Any listlessness or lethargy?		
16. Any weakness?		
17. Any lameness? Circle leg RF LF RR LR		
18. Any shaking? Where?		
19. Any scratching? Where?		
20. Any hair loss? If so, where?		
21. Any scooting of rear?		
22. Unusual lumps or bumps?		
23. Bad Breath?		
24. Any unusual discharge? Where?		
25. Any Diarrhea? Or Constipation?		
26. Any stiffness? ____ or pain ____ Where?		

	Same?	Increased?	Decreased?
Drinking			
Appetite			
Urination			
Defecation			
Weight			

**Payment today by:**

Cash    Check    Credit Card

**Reason for visit today**

Has your pet been examined elsewhere for the same condition?    YES    NO

If so, where? \_\_\_\_\_

What medications is your pet now taking?

\_\_\_\_\_

\_\_\_\_\_

Is your pet allergic to any food, medication, or treatment?

YES    NO

What heartworm prevention is your pet on?

\_\_\_\_\_

What flea control is used?

\_\_\_\_\_

Your pet is: \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors

Other pets in the household?

\_\_\_\_\_ Dogs   \_\_\_\_\_ Cats   \_\_\_\_\_ Exotics

Travel with your pets? Yes No Where? \_\_\_\_\_

Anything else we need to know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the hospital to prescribe for and treat the conditions presented on this form for the pet presented by me. The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided. Further I agree to pay fees in full for services rendered when pet is discharged from the hospital's care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date