



Medical History Form



Date: _____

Pet's Name: _____

1. Describe if you have noticed any changes in your pet's behavior or energy level:

2. Describe if your pet has had any vomiting, sneezing, or diarrhea:

3. Describe if you have noticed any changes in your pet's water consumption or urination/defecation habits:

4. Have you noticed any limping in your pet, or is he/she having any difficulty with stairs or rising from a sitting/laying position, or showing reluctance to run or jump?

5. Is your pet on heartworm prevention? (circle) YES or NO
If YES, which brand?

6. Do you have any concerns about your pet's dental health?
(circle) YES or NO

7. Do you have any additional questions or concerns regarding your pet?

8. After reviewing our annual recommendations for cats and dogs, are there any additional services or testing that you feel would benefit your pet?

We appreciate you taking the time to fill out this form. It helps to ensure that we provide the best possible care for your pet.

Thank You!

~The Fort Caroline Animal Clinic Staff~