Otterkill Animal Hospital
Comprehensive Patient Medical History Form

	Yes	No
Are your address and phone number still correct?		
Do you have pet health insurance?		
Are your pet's vaccinations up to date?		
Is your pet spayed or neutered?		
Was your pet tested for heartworm in the last year?		
Is your pet taking heartworm preventative?		
Has your pet been tested for worms in the last year?		
Has your pet had any illness/injury in the last year?		
Has your pet ever had a seizure?		
Does your pet get table scraps?		
Did your pet eat in the last four hours?		
Does your pet ever strain to urinate?		
Has your pet:	**Yes**	**No**
vomited recently?		
been coughing?		
been sneezing?		
been gagging?		
been listless?		
shown any signs of weakness?		
been lame? Circle leg: RF LF RR LR		
been shaking its head?		
been scratching? Where?		
had significant hair loss?		
been scooting on its rear?		
had unusual lumps or bumps?		
had bad breath?		
had an unusual discharge?		
had diarrhea?		
been constipated?		
had stiffness?		
shown behavioral changes?		

Reason for visit today

Has your pet been examined elsewhere for the same condition? Yes No

If so, where? _____

What medication is your pet now taking?

Is your pet allergic to any food or medication? Yes No

If yes, please describe: _____

What flea control is used? _____

Anything else we need to know?

Has your pet experienced a change in any of the following?		
	Increased?	**Decreased?**
Drinking?		
Appetite?		
Urination?		
Defecation?		
Weight?		

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 unless other prior arrangements have been agreed upon by both parties.

Signature _____ Date _____

Otterkill Animal Hospital
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