



Patient History Questionnaire

Today's Date: _____

• Why is your pet visiting our office today? _____

• What other symptoms is he/she having? _____

• How long has he/she had this problem? _____

• Is he/she having normal stools and urinating regularly? Yes No
If not, please describe: _____

• Is the food and water intake normal? Yes No
If not, please describe: _____

• Is he/she on any medications at this time? Yes No
If yes, please list all medications: _____

• Is he/she up to date on vaccinations? * Yes No
If yes, please give last date given: _____
* Any hospitalized animal must be current on vaccinations. If necessary protection is needed, that will be given in order to protect your pet and other patients.

• In order for our doctors to do a complete analysis for a diagnosis, do we have your permission to perform the following, if needed?:

Bloodwork (\$125-\$150) Yes No X-rays (\$139.50) Yes No

Ultrasound (\$85-\$150) Yes No Urinalysis (\$60.50) Yes No

• Please provide us with a contact phone number where you can be reached while your pet is with us today:
Home or Work () _____ Cell: () _____

Signature: _____

Please sign Anesthesia Release at the office in case it may be required. Please be advised that it will not be used unless necessary for surgery or further diagnostics.