



Deer Ridge Animal Hospital

Small Animal History Form

Has there been a change in your pet's appetite?

Is your pet's drinking normal, increased or decreased?

Has there been any change in your pet's urination? Leaking urine?

Has your pet been vomiting? If so, how often and what does it look like?

Has your pet had diarrhea? If so, how often and what does it look like?

Has your pet been coughing or sneezing?

Has there been any change in your pet's attitude?

Is your pet scratching or itching; if so, where?

What diet/food is your pet currently eating? Has there been any change in food?

Does your pet get treats or table food and if so, how much and what are they?

Is your pet currently on heartworm/flea or tick medication? If so, what type?

Is your pet currently taking any prescription/over the counter medications or supplements?
Please list.

Do you need any refills today?

Does your pet have anxiety?

Is your pet friendly or do they have issues with strangers?

Does your pet experience stiffness/soreness or struggle to rise or jump?

Have you noticed any new lumps or bumps? Or any bumps growing rapidly?

Has your pet had a vaccine reaction or become ill after receiving vaccines in the past?

What is your pet's typical environment? (i.e. stays in house, visits local dog parks/attraction, travels frequently, roams)?

Are you planning on boarding your pet in the near future?

Add any additional history you would like to share:

Your Name:

Pet's Name: