

Alburtis Animal Hospital

APPOINTMENT HISTORY FORM

Please complete and e-mail to AlburtisVet@gmail.com

If your pet is having a skin problem, please also fill out the Dermatology History Form

OWNER'S NAME: _____ PET'S NAME: _____

Chief Complaint/Problem (please be detailed in description): _____

What brand & flavor/variety of food do you feed? _____

Dry Canned

Do you feed any "people food"? (please describe) _____

What type of heartworm preventative do you use? _____

What type of flea/tick preventative do you use? _____

How often do you bathe your pet (include professional grooming)? _____

What type of shampoo? _____ When was the last bath given? _____

Has there been a change in frequency, urgency, or volume of urination (please describe)? _____

Has there been a change in **water intake** (please describe)? _____

Has there been a change in **activity level** (please describe)? _____

Has there been a change in **behavior** (please describe)? _____

Has there been a change in **bowel habits** or **stool consistency** (please describe) _____

Has there been a change in **appetite** (please describe)? _____

Has your pet had any **gastrointestinal problems** (vomiting, diarrhea, etc)? _____

Have you used any **home remedies** or **over-the-counter products** for this condition? _____

Did any of them improve the condition? _____ Which ones? _____

Is your pet currently on any medication(s), topicals, or over-the-counter products for this or any other condition not already described? _____

Are there any other comments or concerns? _____

Do you have any vaccination history of any vaccines that we did not administer? _____
