

Patient History Form

Thank you for scheduling to bring your pet to us at Loyalhanna Veterinary Clinic. We know veterinary visits can be stressful, and sometimes things are forgotten. To make the visit less stressful, please take a few minutes to fill out the information below. Thank you!

1. Pet's Name
2. Client Name (First & Last)
3. Phone Number
4. Reason for today's visit? (Wellness exam, vaccines, sick, recheck, etc.)
5. Is your pet experiencing any of the following?
 - Coughing
 - Sneezing
 - Vomiting
 - Diarrhea
 - Nasal Discharge
 - Eye Discharge
 - Shaking Head
 - Scratching/Itching
 - Scotting
 - Weight Loss
 - Hair Loss
 - Bad Breath
 - Lumps or Bumps
 - Lethargy
 - Weakness
 - Straining
 - None of the above
6. If you checked any of the above boxes, please tell us more, including: duration, improving, getting worse, etc.
7. Appetite
 - Normal
 - Abnormal
8. Thirst
 - Normal
 - Abnormal
9. Urination
 - Normal
 - Abnormal
10. Defication/Stools
 - Normal
 - Abnormal

11. Attitude
Normal
Abnormal

12. Please Describe anything that is abnormal

Diet

1. What does your pet eat:
Dry Food
Wet Food
Wet and Dry Food
People Food
Raw Diet
Home Cooked Diet
2. Brand and Formula of Food
3. How often does your pet eat (once/twice a day)
4. How much does your pet eat (cups)

Medication

1. Does your pet take any medications?
Medications
Supplements/Vitamins
None
2. Please list medications, including the strength and how often taken
3. Does your pet take a Flea/Tick preventative? Yes No
4. What Flea/Tick preventative does your pet take?
5. Does your pet take a Heartworm preventative? Yes No
6. What Heartworm preventative does your pet take?
7. Do you need any refills? Yes No
8. If yes – what medications and how much would you like?

Other

13. Any other concerns?
14. Does your pet need any additional services?
Nail Trim
Anal Gland Expression
Trim/Comb out mats
Ear Clean
Bloodwork
Heartworm/Tick testing (Canine only)