

ANIMAL CLINIC PATIENT INFORMATION FORM

Name _____ Pet's Name _____ Date _____

Email Address: _____

Current medications your pet is on: _____

Adverse reactions to any known medications: _____

If new address or phone change, list here: _____

Reason for your visit today: _____

- | No | Yes | Habitat: |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet live mostly indoors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet go outdoors frequently? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet stay mostly in your yard? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your yard enclosed?
If no, how do you confine your pet outside? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you & your pets live in a populated neighborhood? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet sleep on bedding? What type? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use flea treatment? What type & how often? _____ |

OFFICE USE ONLY

DVMax Updated _____

Client Info Form Updated _____

- | No | Yes | Diet: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet have a good appetite? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet eat mostly dry food?
What is the brand name of food mostly fed? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet eat mostly canned food?
What is the brand name? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your animal get treats?
What is the brand name? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet get human food?
How often & what type? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet drink water excessively? _____ |

- | No | Yes | Behavior: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has there been a recent change in your pet's behavior?
If yes, what is your pet doing? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet vomiting or having diarrhea?
If yes, how often & what is vomited or describe bowel movement _____
Is there a relationship to eating or drinking? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | For cats, does your cat have a history of fighting? How often in the last 3 years? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet's activity level changed? How? _____ |
| | | Is your pet sneezing? <input type="checkbox"/> coughing? <input type="checkbox"/> itching? <input type="checkbox"/> straining to urinate? <input type="checkbox"/> |

- | No | Yes | Travel: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet traveled outside the northwest?
How long ago and where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet gone to pet shows? Where & when? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | For dogs, do you hunt or hike with your dog? Where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your animal exposed to wild animals at home or traveling? (e.g. bat, skunks, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet currently microchipped? If not, would you like us to microchip today? Yes / No |

Do you have any questions or special concerns at this time? _____