

Veterinary Medical History Questionnaire

Please provide detailed information about your pet's health history. This form helps us offer the best care for your companion animal.

Owner & Pet Identification

Tell us about yourself and your pet.

Owner's Full Name *

Phone Number or Email (for contact) *

Pet's Name *

Species *

Dog

Cat

Other

Sex *

Male

Female

Unknown

Breed (if known)

Age or Date of Birth (estimate if unsure) *

Reason for Visit & Current Concerns

Let us know why your pet is here today.

Is this a routine wellness visit or a specific concern? *

Wellness/Annual Exam

Specific Health Concern

Other

If you have specific concerns, please describe them.

How long has this concern been present?

General Health & Lifestyle

Share details about your pet's daily routine and environment.

Where does your pet spend most of their time? *

Indoors

Outdoors

Both

Other

Does your pet have access to other animals? *

Yes

No

Describe your pet's exercise and activity routine.

Diet & Feeding

Help us understand your pet's nutritional habits.

Type of food your pet eats *

- Dry food only
- Wet food only
- Combination of dry and wet food
- Raw/home-prepared diet
- Other

Brand(s) and amount fed per day (if known)

Any recent changes in diet? *

- Yes
- No

If yes, please describe the changes.

Drinking, Urination, & Bowel Movements

Tell us about your pet's elimination habits.

Any changes in drinking habits? *

- Increased
- Decreased
- No change

Any changes in urination? *

- Increased
- Decreased
- No change

Any changes in bowel movements? *

- Yes
- No

If yes, please describe (e.g., diarrhea, constipation, blood)

Past Medical History

Share any previous health issues, surgeries, or hospitalizations.

Has your pet had any major illnesses, surgeries, or hospitalizations? *

- Yes
- No

If yes, please provide details and dates if possible.

Medications & Supplements

List any medications or supplements your pet is currently taking.

Is your pet currently taking any medications or supplements? *

- Yes
- No

If yes, please list names, dosages, and reasons for use.

Allergies & Adverse Reactions

Let us know about any allergies or sensitivities.

Does your pet have any known allergies or adverse reactions? *

- Yes
- No

If yes, please describe the allergy/reaction and what caused it.

Vaccination & Parasite Prevention Status

Tell us about your pet's preventive health care.

Which of the following are up to date for your pet?

- Rabies vaccine
- Distemper/Parvo (dogs) or FVRCP (cats)
- Leptospirosis
- Bordetella/kennel cough
- Feline leukemia vaccine
- Heartworm prevention
- Flea/tick prevention
- Other

Are you able to provide vaccination/prevention records? *

- Yes
- No

If not up to date or if there are concerns, please explain.

Reproductive History

Information about your pet's reproductive status and history.

Is your pet spayed or neutered? *

- Yes
- No
- Unknown

If intact, has your pet had any litters? (number, if known)

Any reproductive or hormonal concerns?

Review of Systems

Please check any symptoms your pet has experienced recently.

Check all that apply:

- Coughing
- Sneezing
- Vomiting
- Diarrhea

- Lethargy
- Loss of appetite
- Increased appetite
- Weight loss
- Weight gain
- Excessive scratching
- Lameness/limping
- Other

If any symptoms checked, please provide more details.

Additional Information

Is there anything else you would like us to know about your pet?

Additional comments or information