

Health History Checklist

Owners' name: _____

Date: _____

Pets' name: _____ Dog _____ Cat _____

Telephone number where you can be reach _____/_____-_____

To accurately assess your pet's health status, it will be necessary for us to perform certain diagnostic tests including but not limited to blood chemistries, x-ray(s) and lab work.

Costs may range from \$200 to \$ 300 for these tests. You will be contacted to discuss the results of our tests and our prescribed method of treatment if required.

_____ I authorize the above diagnostic tests.

_____ I have a monetary limit of _____.

Owner's signature: _____

Major Presenting Problem: _____

Please complete the following chart

as this will help us more accurately assess your pet's health status

| History Data | Mild | Severe | When Started |
|---|------|--------|--------------|
| 1) Weight loss _____ Weight gain _____ | | | |
| 2) Appetite decreased _____ Appetite increased _____ | | | |
| 3) Vomiting _____ Diarrhea _____ Constipation/ difficult defecation _____ | | | |
| 4) Increased drinking _____ Increased urination _____ Urinary accidents _____ | | | |
| 5) Lumps/ tumors _____ Skin problems _____ | | | |
| 6) Bad breath _____ Difficulty chewing _____ Sore gums _____ | | | |
| 7) Acts painful _____ Location _____ | | | |
| 8) Muscle tremors/ Shaking _____ | | | |
| 9) Weakness/ incoordination _____ | | | |
| 10) Decreased activity/ sleeps more | | | |
| 11) Food/ Brand _____ Dry _____ Moist _____ Canned _____ | | | |

Other problems/ concerns/ comments _____

