

## 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_