

Client Name: _____

Pet Name: _____

Veterinary Medical Associates Companion Pet History Form

Is your pet housed primarily: indoor____ outdoor ____ both ____

What food do you feed your pet? _____ How about treats? _____

Is your pet currently on any medications, vitamins, or supplements? If yes, please list:

Does your pet have a microchip? Yes-#_____ No ____

Has your pet had any previous surgeries or illnesses? Yes____ No____ If yes, please list:

Are you aware of any drug allergies your pet may have? Yes ____ No____ If yes, please list:

Has your pet ever lived anywhere else or gone on vacation with you? Yes____ No ____

Please list other areas that your pet has lived/visited: _____

Do you have an insurance policy for your pet? Yes ____ No ____ If yes, please list insurance company name: _____

Has your pet been to a veterinarian before? Yes ____ No ____ If yes, please list hospital and doctor names: _____

Please mark any of the following that apply as they could influence course of treatment or preventative recommendations:

Are there any children in the household? Yes____ No ____

Is anyone in the home immunosuppressed? (chemotherapy, HIV, transplant, etc.) Yes____ No ____

Is your pet used for disability aide? Yes ____ No ____

Is your pet current on vaccinations? Yes ____ No ____ Date given: _____

Has your pet had a rabies vaccination? Yes ____ No ____ Date given: _____

Do you have any current concerns regarding your pet? (behavior, skin, gastrointestinal, training, attitude, etc.) Yes ____ No ____ If yes, please describe: _____

Has your pet ever shown aggressive behavior? Yes____ No ____