

Patient Medical History Form

PATIENT NAME _____ AGE _____ CANINE/FELINE BREED _____ DATE _____

	YES	NO
Do you have pet insurance?		
Are your pet's vaccinations up to date?		
Is your pet spayed or neutered?		
Was there a heartworm test in the last year?		
Is your pet taking heartworm preventative med.?		
Has your pet been tested for worms in the last year?		
Have you seen your pet passing any worms?		
Has your pet had any illness/injury in the last year?		
Has your pet ever had a seizure?		
Did your pet eat in the last four hours?		
Does your pet ever strain to urinate?		
Has there been any recent vomiting?		
Has your pet been coughing?		
Has your pet been sneezing?		
Has your pet been gagging?		
Any listlessness?		
Any weakness?		
Any lameness? Circle leg RF LF RR LR		
Shaking of the head?		
Scratching? Where?		
Significant hair loss?		
Scotting of rear end?		
Unusual lumps or bumps?		
Bad breath?		
Unusual discharge?		
Diarhea?		
Constipation?		
Stiffness?		
Behavioral changes?		
Vision problems?		
Weight loss?		

Drinking?	Increased	Decreased	No change
Appetite?	Increased	Decreased	No change
Urination?	Increased	Decreased	No change

Please give us your current information:

Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Business Phone: _____
 Cell Phone: _____
 E-Mail: _____

REASON FOR VISIT TO-DAY

What medications is your pet taking?

Does your pet have any allergies?

What flea control product is used?

What heartworm product is used?

The owner of the above described animal or animals ("owner") hereby consents and authorizes Parkcrest Veterinary Hospital, Inc. to receive, prescribe for, treat and upon the above described animal or animals.

It is understood by the owner that if surgery is performed, some degree of risk is inevitable, and it is not possible for the Hospital, its staffer employees to guaranty outcome of any medical procedure.

The owner also understands and agrees that if the animal should remain with the Hospital for a period in excess of thirty (30) days with out prior arrangements be between the Hospital and the owner, the Hospital, after two (2) unsuccessful attempts to contact the owner at the address or telephone number given above may in any dispose of the animal at its discretion.

The owner acknowledges, accepts, and assumes full and total financial responsibility for any and all services rendered by the Hospital, its staff, or employees in the of the above described animal or animals and to pay for such services in accordance with the Hospital's posted fee schedule.

Signed _____

All fees are due upon release of patient. We accept cash, check, and all major credit cards.