Phone: (330) 825-9556 Fax: (330) 825-9560

PATIENT HISTORY FORM

The information requested below will make us more efficient in providing the procedures you want us to perform for your pet. Be very specific in your answers, and give us as much information as possible, especially if your pet is ill. **Thank you for your thoroughness**.

Owner's Name _____ Date _____

Pet's Name _____ Breed _____ Age _____ M F N/S (circle one)

How long have you owned your pet? _____ Where did your pet come from (breeder, rescue, stray, shelter, other)_____

How many other pets are in your home? please list them (name, age, and species)
_____

Do you often board your pet or take him/her to dog parks etc? ___ yes ___ no

Main reason for today's visit (Please be specific): _____

_____

Check the procedures you have requested for your pet today

VACCINATION:

_____ All needed
_____ Annual Vaccine
_____ Bordetella (Kennel Cough) (dog)
_____ Rabies
_____ Leukemia
_____ Lyme Vaccine
_____ InfluenzaVaccine

TESTS & SERVICES:

_____ Physical Exam
_____ Laser Treatment
_____ Heartworm test
_____ Feline Leukemia/FIV test
_____ Stool Check
_____ Toe Nail Trim
Other _____

Please explain your concern(s) and give us any information which may be helpful in treating your pet. Please list any home treatment you have performed, when you treated and for how long you have been treating.

Creekside Animal Clinic
3744 Wadsworth Rd., Norton, OH 44203
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SICK PET HISTORY

If you are bringing your pet in because it is sick, please indicate which symptoms you have noticed, how long they have been going on, and any treatment you may have already tried. If you have made any recent changes in your pet's diet, routine, or medications, please let us know. Please check all that apply.

____ Vomiting **_____ Diarrhea** **_____ Constipated**
_____ Coughing **_____ Sneezing** **____ Scooting**
_____ Shaking head **_____ Straining to urinate or defecate**
_____ Itching/Scratching (for how long)
_____ Tumor/Swelling (location)

Please circle the best answer regarding your pet's current condition:

Appetite	**normal**	**increased**	**decreased**
Water consumption	**normal**	**increased**	**decreased**
Urination	**normal**	**increased**	**decreased**
Bowel Frequency	**normal**	**increased**	**decreased**

Is your pet currently on any medications? Please list all medications, frequency and strength:
_____

_____

Please explain your concern(s) and give us any information which may be helpful in treating your pet. Please list any home treatment you have performed, when you treated and for how long you have been treating.
