

DeZavala-Shavano Veterinary Clinic

Comprehensive Pet Medical History Form

NAME OF PET:	Yes	No
Are your pet's vaccinations up to date?		
Has your pet ever had a reaction to vaccines?		
Was there a heartworm test in the last year?		
Is your pet taking a heartworm prevention Rx?		
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?		
Does your pet get table scraps?		
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?		
Unusual lumps or bumps?		
Bad breath?		
Unusual discharge?		
Diarrhea?		
Constipation?		
Stiffness?		
Behavioral Changes?		

	Increased?	Decreased?
Drinking?		
Appetite?		
Urination?		
Defecation?		
Weight?		

Reason for visit today _____

Vaccination history? _____

**** Please provide vaccination history, if possible. ***
 We will gladly make a copy for your pet's records.*

Pet's diet? _____

Health problems or behavioral tendencies? _____

What medications is your pet now taking? _____

Is your pet allergic to any food or Rx? Yes No

If yes, please describe _____

What heartworm prevention is used? _____

What flea control is used? _____

Anything else we need to know? _____

While uncommon, adverse reactions to vaccines, injections and medications can occur. Typical symptoms include swelling, itching and vomiting; however, in rare cases, collapse, seizures and death can occur. We encourage you to discuss any concerns you have regarding administering vaccines, injections or medications to your pet with one of our doctors.

I hereby authorize the Clinic to prescribe for and treat the conditions presented on this form for the pet presented by me. The Clinic and staff will not be held liable for any problems that develop provided that a reasonable standard of care is provided. Further, I agree to pay fees in full for services rendered when pet is discharged from the Clinic's care unless prior arrangements have been agreed upon by both parties.

 Signature Date