

Account Number: \_\_\_\_\_ Client: \_\_\_\_\_ Pet: \_\_\_\_\_

New Patient History

Are you the owner of this pet? \_\_\_\_\_

Does your pet have any current or previous health problems? If so, please explain

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Is your pet currently on any medications? Please explain what medication the dosage, and when it was last administered

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Has your pet ever had a reaction to vaccines, medications, sedation, or foods? Please explain

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Is your pet on a prescription diet? Please explain

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