

# Town and Country Animal Clinic Medical History Form

## Name

First Name      Last Name

## Email

example@example.com

## Cell Phone Number of Person Bringing Pet

Area Code    Phone Number

## Pet's Name

### Is your pet having any vomiting?

YES

NO

### When did symptoms first start?

### How often does your pet vomit?

### Is your pet having any diarrhea?

YES

NO

### What is the consistency of the stool?

**Is there any:**

- Blood
- Mucus

**Is your pet?**

- Coughing
- Sneezing
- Both

**Frequency if any?**

**When did the symptoms start?**

**Is your pet exhibiting any increase in thirst or urination?**

- Thirst
- Urination
- Both

**When did the symptoms start?**

**Is your pet having any urinary or fecal accidents?**

- YES
- NO

**Is your pet having any skin issues?**

- Itching/Scratching
- Chewing/Licking
- Scratching Ears
- Shaking Head
- Skin Rash

**When did the symptoms start?**

**Is your pet having any orthopedic issues?**

- Limping or Favoring a leg
- Trouble Getting Up
- Trouble with Stairs
- Trouble Jumping

**When did these symptoms start?**

**Is there a particular leg that your pet limps on?**

**Does your pet have any lumps or bumps?**

- YES
- NO

**Where are they located?**

**How long have they been there and are they growing?**

**Is your pet on heartworm and flea and tick preventatives?**

- Heartworm Preventative
- Flea & Tick Preventative
- Both

**What brand of heartworm preventative do you use?**

**What brand of flea & tick preventative do you use?**

**Do you use it all year round?**

- YES
- NO

**What brand of food do you feed your pet?**

**What type of treats if any does your pet get?**

**Is your pet on any other medications or supplements?**

**Is your pet having any behavioral issues or changes?**

**Are there any other additional concerns or questions you want addressed by the doctor?**