

ANIMAL HOSPITAL OF RYE YOUR PET'S INFORMATION & HISTORY

Owner's Name: _____ Pet's Name: _____

Date: _____

REASON FOR TODAY'S VISIT: _____

Has your address, home or work telephone numbers changed since your last visit? Yes No

If so, please write any changes on the line below.

Has your pet had any recent medical problems? Yes No _____

Does your pet have any chronic medical problems? Yes No _____

Does your pet have any allergies? (If yes, what?) Yes No _____

Is your pet on any medication? (If yes, what?) Yes No _____

Has your pet traveled out of state? (If yes, where?) Yes No _____

Was your pet heartworm tested within the last year? Yes No _____

Is your pet given heartworm prevention medication? Yes No _____

Is your **DOG** vaccinated against **LYME DISEASE**? Yes No _____

Has your pet shown any of the following signs or symptoms?

- | | | |
|-----------------------------------|-----|----|
| Bad breath or unusual body odors? | Yes | No |
| Coughing or sneezing or wheezing? | Yes | No |
| Gagging or choking? | Yes | No |
| Vomiting or diarrhea? | Yes | No |
| Scotting of rear end? | Yes | No |
| Lameness or stiffness? | Yes | No |
| Listlessness or weakness? | Yes | No |
| Head shaking? | Yes | No |
| Itching or scratching? | Yes | No |
| Poor coat or hair loss? | Yes | No |
| Skin problems? | Yes | No |
| Lumps or bumps? | Yes | No |
| Tremors or seizures? | Yes | No |
| Unusual discharge? | Yes | No |

Has your pet shown **significant change** in any of the following?

- | | | |
|-----------------------------------|-----|----|
| Character of bowel movements? | Yes | No |
| Frequency or amount of urination? | Yes | No |
| Weight gain or loss? | Yes | No |
| Appetite? | Yes | No |
| Drinking? | Yes | No |
| Behavior? | Yes | No |

Anything else we need to know? _____