

# KITTERY ANIMAL HOSPITAL AND CREATURE COMFORTS



## Pet Health History Form

Your answers on this form will help Kittery Animal Hospital/Creature Comforts understand your pet's medical concerns and conditions better. If you are uncomfortable with any question, do not answer it. Best estimates are fine if you cannot remember specific dates or details. **Thank You!**

### CLIENT INFORMATION

Client's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Alternate/Emergency Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_

Whom may we thank for this referral? \_\_\_\_\_

Pets' Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex/Gender: Male \_\_\_ Neutered? \_\_\_ Female \_\_\_ Spayed? \_\_\_

Current Veterinarian: \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_

**PRESENT HEALTH CONDITIONS /CONCERNS** (Please include duration of the problem, frequency of occurrence, previous treatments and response to previous treatments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** Prescription and non-prescription medicines, vitamins, home remedies, herbs:  
Medication Dose (mg or pill) How many times per day When started

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES or REACTIONS to MEDICATIONS, VACCINATIONS or ANESTHETICS:**

\_\_\_\_\_  
\_\_\_\_\_

When was your pets' most recent **HEALTH MAINTENANCE** screening tests?

Date of last **Heartworm** test: \_\_\_\_\_ Results: Negative \_\_\_ Positive \_\_\_

Is your pet currently on a heartworm preventative? No \_\_\_ Yes \_\_\_

If yes, name of product given and date it was last given: \_\_\_\_\_

**Fecal Exam** \_\_\_\_\_ Results: \_\_\_\_\_

Last deworming product given and date it was given: \_\_\_\_\_

Screening **Blood work/Urinalysis**: \_\_\_\_\_ Results: \_\_\_\_\_

**Other tests with dates and results:** (thyroid function, drug monitoring, x-rays, etc.) \_\_\_\_\_

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### DIET, NUTRITION and EXERCISE:

Diet/Name of Food: \_\_\_\_\_

Treats/Table Food/Snacks: \_\_\_\_\_

Meals per day: One \_\_\_ Two \_\_\_ Three or more \_\_\_ Free Feed/Food out all day \_\_\_

Do you exercise your pet regularly? No \_\_\_ Yes \_\_\_

If yes, what kind of exercise and how often: \_\_\_\_\_

### DENTAL HEALTH

Has your pet ever had a problem with their teeth or gums? No \_\_\_ Yes \_\_\_ if yes, describe: \_\_\_\_\_

Has your pet had a dental cleaning? No \_\_\_ Yes \_\_\_ If yes, date of cleaning: \_\_\_\_\_

Does your pet have bad breath? No \_\_\_ Yes \_\_\_

Does your pet have trouble chewing or eating? No \_\_\_ Yes \_\_\_

### MEDICAL HISTORY: Please indicate if your pet has ever had any of the following medical conditions:

Skin Disease: No \_\_\_ Yes \_\_\_ Unknown \_\_\_ Vomiting: No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Difficulty Swallowing: No \_\_\_ Yes \_\_\_ Unknown \_\_\_ Diarrhea: No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Coughing: No \_\_\_ Yes \_\_\_ Unknown \_\_\_ Sneezing: No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Tires Easily: No \_\_\_ Yes \_\_\_ Unknown \_\_\_ Weak/Lame: No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Abnormal Behavior: No \_\_\_ Yes \_\_\_ Unknown \_\_\_ Seizures: No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Head Shaking: No \_\_\_ Yes \_\_\_ Unknown \_\_\_ Ear Scratching: No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Abnormal Eyes/Vision: No \_\_\_ Yes \_\_\_ Unknown \_\_\_ Weight Loss: No \_\_\_ Yes \_\_\_ Unknown \_\_\_

Attitude: Alert \_\_\_ Depressed \_\_\_

Appetite: Increased \_\_\_ Decreased \_\_\_ Normal \_\_\_ Unknown \_\_\_

Water Consumption: Increased \_\_\_ Decreased \_\_\_ Normal \_\_\_ Unknown \_\_\_

Urination: Increased \_\_\_ Decreased \_\_\_ Normal \_\_\_ Unknown \_\_\_

Defecation: Increased \_\_\_ Decreased \_\_\_ Normal \_\_\_ Unknown \_\_\_

Has your pet ever had bloat? No \_\_\_ Yes \_\_\_ If yes, describe: \_\_\_\_\_

Is the pet's family line prone to getting bloat? No \_\_\_ Yes \_\_\_ If yes, describe: \_\_\_\_\_

List any other animals in your household:

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### BREEDING HISTORY: For intact male and female dogs only

Do you plan to breed your dog? No \_\_\_ Yes \_\_\_ Undecided \_\_\_

When was your female dog's last heat cycle? \_\_\_\_\_

Has this dog had litters in the past? No \_\_\_ Yes \_\_\_ If yes, list dates of litters: \_\_\_\_\_

Were there any complications with the birth? No \_\_\_ Yes \_\_\_ If yes, describe: \_\_\_\_\_

**SURGICAL HISTORY:** Please list all prior surgeries/operations (with dates): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER PERTINANT INFORMATION:** Please list any other information you feel is important concerning your dogs' health care:

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The following vaccines are required for pets to be groomed, and boarded

**Dogs:** Canine Cough, Distemper, and Rabies

**Cats:** Distemper, and Rabies (*Feline Leukemia required for outdoor cats*)

We will gladly prepare a written estimate if you desire (please ask receptionist or doctor). This will be important to you since **ALL SERVICES ARE DUE THE TIME SERVICES ARE RENDERED.**

We accept Cash, Check, Visa, MasterCard, Discover or Credit Card.

Signature of Responsible Agent for Pet(s) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Receptionist Initial