

TLC for Pets, 11809 Reisterstown Rd., Reisterstown, MD 21136

Date: _____
Client Name: _____
Patient Name: _____
Medication Allergies? _____

STAFF USE ONLY:		
Patient ID:	_____	
Stool Sample Present	Y	N
Urine Sample Present	Y	N
Address/Phone Verified	Y	N

Primary Reason for Today's Visit: _____

If here for a problem, when did the problem begin? _____

In your own words, tell us about the problem: _____

Have you already given medicine or done anything to try to correct the problem?

What other concerns would you like us to check if time permits?

- 1) _____
- 2) _____
- 3) _____

Person/number(s) to call for follow-up and lab results: _____

If any of your address or phone information has changed, please e-mail us now or tell our receptionist.

What does your pet eat? (Include amount and how often; don't forget treats and table food) _____

Describe your pet's environment (home, yard, crate, litter box, indoor/outdoor, etc):

Describe your pet's exercise/toys/daily routine: _____

What medication/supplements does your pet take including heartworm/flea/tick/worm medications (include products on skin)?

How often do you give heartworm medicine? _____ Last dose when? _____

How often do you give flea/tick products? _____ Last dose when? _____

Medical History Questionnaire

PAGE 2 (2 Pages)

Date: _____

Client Name: _____

Patient Name: _____

If your pet has received any veterinary care elsewhere within the past year or since your last visit here please describe:

If your pet is due for vaccines, which of the following do you prefer today?

- 1) Give whatever will be due within the next several months.
- 2) Give whatever is already due.
- 3) Limited or no vaccines today- will discuss with doctor.

Please circle if your pet has any of the following problems:

- | | |
|----------------------------|--|
| ➤ Allergy | ➤ Decreased eating |
| ➤ Skin problem | ➤ Vomiting |
| ➤ Hair loss | ➤ Hairballs |
| ➤ Ear problem | ➤ Diarrhea |
| ➤ Scooting on rear | ➤ Discolored stool |
| ➤ Nail problem | ➤ Blood/mucus in stool |
| ➤ Eye problem | ➤ Stool in wrong location |
| ➤ Vision change | ➤ No stool |
| ➤ Behavior change | ➤ Constipation |
| ➤ Decreased activity | ➤ Excessive drinking |
| ➤ Acting old/ senility | ➤ Decreased drinking |
| ➤ Aggression | ➤ Dehydrated |
| ➤ Destructiveness | ➤ Excessive urine |
| ➤ Other behavior problem | ➤ Not urinating |
| ➤ New or growing lump/mass | ➤ Straining to urinate |
| ➤ Injury | ➤ Urine in wrong location |
| ➤ Wound | ➤ Breathing difficulty |
| ➤ Lameness | ➤ Cough |
| ➤ Weakness | ➤ Wheeze |
| ➤ Exercise problem | ➤ Sneeze |
| ➤ Collapsing | ➤ Nasal discharge |
| ➤ Seizures | ➤ Vaginal discharge |
| ➤ Pain | ➤ Parasites |
| ➤ Mouth/dental problem | ➤ Internal problem diagnosed elsewhere |
| ➤ Odor | ➤ Other problem |
| ➤ Weight problem | ➤ No problems; my pet is perfect! |
| ➤ Bleeding problem | |