



Atascazoo Animal Hospital
 5910 FM 1960 E
 Humble TX, 77346

Patient History

Date: _____

| | | |
|----------------------------------|-----------|-----------------|
| Client First and Last Name _____ | | Pets Name _____ |
| Address _____ | | Phone# _____ |
| Breed _____ | Age _____ | Gender _____ |

Reason for Visit: _____

Please answer the following questions.

Has your pet had any vomiting if so, when did it start? _____

Has your pet had any diarrhea if so, when did it start? _____

Has your pet had any coughing or sneezing if so, when did it start? _____

Is your pet CURRENTLY receiving medication for flea/tick/heartworm prevention? _____

Is your pet indoor, outdoor, or both? _____

What type of food do you currently feed your dog? (Is it grain free?) _____

Any table scraps or treats? _____

Has there been any change in appetite? **Increase / Decrease / No change**

Has there been any change in water intake? **Increase / Decrease / No change**

Has there been any change in urination? **Increase / Decrease / No change**

Has there been any change in energy level? **Increase / Decrease / No change**

Has your pet ever had any reactions to a vaccine? _____

Does your pet have any known allergies to any medication? _____

Aside from heartworm/flea preventatives is your pet on any other medications?

1. _____
2. _____
3. _____
4. _____

Does your pet need refills on medication, including heartworm/flea prevention?

1. _____
2. _____
3. _____
4. _____