



No Change from last form dated: _____

Cape Cod Veterinary Specialists Health History Form

Your Name _____
(First and Last)

Your Pet's Name _____

Have you owned your pet since he/she was a puppy/kitten? Yes No If no, age of pet when obtained _____

Where did you obtain your pet? Breeder Shelter Pet store Friend/Family Private party (i.e. add in paper)

Is your pet's Rabies vaccine current? Yes No Date of last Rabies vaccine _____

Has your pet traveled outside MA in the last few years? Yes No If yes, where? _____

In the time that you've owned your pet has he/she ever...

had an allergic reaction? Yes No if yes, Vaccine Drug _____ Other _____

had a seizure? Yes No If yes, when was the last seizure? _____

had a blood transfusion? Yes No If yes, when? _____

been hospitalized? Yes No If yes, for what condition? _____

had surgery aside from spay/neuter? Yes No If yes, for what condition? _____

had difficulty with anesthesia? Yes No If yes, what was the problem? _____

been diagnosed with food sensitivities? Yes No If yes, what restrictions should we keep in mind? _____

What is your pet's current diet? _____

Is your pet on flea /tick preventative? Yes No If yes, what brand(s)? _____

Is your pet on heartworm preventative? Yes No If yes, what brand(s)? _____

Is your pet on any meds/supplements? Yes No If yes, please list them _____

Has your pet received any over-the-counter medication such as aspirin, Pepcid, ibuprofen, Pepto Bismol or other drugs that you can buy in a pharmacy in the last week? Yes No

If yes, which drugs and when were they last given? _____

Has your pet had blood drawn for any tests in the last year? Yes No

Has your pet had x-rays of any kind in the last year? Yes No

Please hand this form to the
doctor at the beginning of
your pet's exam