

**Your Name** (first and last) \_\_\_\_\_ **Your Pet's Name** \_\_\_\_\_

Have you owned your pet since they were a puppy/kitten?  **Yes**  **No** If no, age they were obtained \_\_\_\_\_

Where did you obtain your pet?  **Breeder**  **Shelter**  **Pet store**  **Friend/family**  **Other**

Has your pet traveled outside of MA in the last few years?  **Yes**  **No**

If yes, where and when? \_\_\_\_\_

Has your pet had any blood tests or x-rays performed in the last year?  **Yes**  **No**

If yes, when were they performed and what did the results show? \_\_\_\_\_

## Medical History

Has your pet ever

- Been diagnosed with an illness or medical condition?  **Yes**  **No**

If yes, what condition and when was it diagnosed? \_\_\_\_\_

- Been hospitalized?  **Yes**  **No** If yes, when and for what condition? \_\_\_\_\_

- Had a seizure?  **Yes**  **No** If yes, when was the last seizure? \_\_\_\_\_

- Had a blood transfusion?  **Yes**  **No** If yes, when: \_\_\_\_\_

- Had an allergic reaction?  **Yes**  **No**

If yes, what was the reaction to?  **Vaccine**  **Drug**  **Other** \_\_\_\_\_

## Surgical History

Has your pet ever had surgery (aside from spay/neuter)?  **Yes**  **No**

- If yes, please list surgery and date: \_\_\_\_\_

Has your pet ever had difficulty with anesthesia?  **Yes**  **No**

- If yes, what was the problem? \_\_\_\_\_

## Medications and Supplements

Please list all medications/supplements, dose, frequency, and the last time it was given.

1.	2.
3.	4.
5.	6.
7.	8.

Has your pet received any over-the-counter medication (aspirin, Pepcid, ibuprofen, Pepto Bismol, etc) in the last week?  **Yes**  **No** If yes, which drug(s) and when were they last given?

## Vaccines and Preventatives

Are your pet's vaccines current?  **Yes**  **No** Date of last vaccines \_\_\_\_\_

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)? \_\_\_\_\_

## Diet

What is your pet's current diet, including any treats they receive? \_\_\_\_\_

Has your pet ever been diagnosed with food sensitivities?  **Yes**  **No**

- If yes, what restrictions should we keep in mind?