

*Crystal Mountain Animal Hospital*  
**Comprehensive Pet History**

Any changes to your email, phone number, address \_\_\_\_\_

Are you aware of/Interested in Pet Insurance? \_\_\_\_\_

Chief Complaint or reason for visit? \_\_\_\_\_

Approximate last vaccination for a dog: DALP \_\_\_\_\_, Parvo \_\_\_\_\_,  
Rabies \_\_\_\_\_, Bordatella \_\_\_\_\_, Flu \_\_\_\_\_.

Approximate last vaccination for a cat: RCPN \_\_\_\_\_, Leukemia \_\_\_\_\_,  
Rabies \_\_\_\_\_,

Has your pet been tested for intestinal parasites within the past 12 months?

\_\_\_\_\_

Have you seen your pet passing any worms? \_\_\_\_\_

Do you use a flea control product? \_\_\_\_\_

Name of product if known \_\_\_\_\_

Has your pet had a heartworm test? \_\_\_\_\_

What heartworm prevention do you use? \_\_\_\_\_

Is your pet currently on any **other** medication? \_\_\_\_\_

If so please list: \_\_\_\_\_

Any injury/illness in the past 30 days? \_\_\_\_\_

Does your pet have a history of having a seizure? \_\_\_\_\_

Is your pet allergic to any drugs/medications? \_\_\_\_\_

Diet/Brand of Food: \_\_\_\_\_

How many times a day do you feed your pet and how much?

\_\_\_\_\_

Pet Treats: \_\_\_\_\_

Any food intolerances? \_\_\_\_\_

Did your pet eat this morning? \_\_\_\_\_

Appetite: \_\_\_\_\_ Increased \_\_\_\_\_ Normal \_\_\_\_\_ Decreased  
Weight: \_\_\_\_\_ Loss \_\_\_\_\_ Gain \_\_\_\_\_ Stable  
Water Consumption: \_\_\_\_\_ Increased \_\_\_\_\_ Normal \_\_\_\_\_ Decrease  
Bowel Movement: \_\_\_\_\_ Constipated \_\_\_\_\_ Normal \_\_\_\_\_ Diarrhea (how long)  
Urination: \_\_\_\_\_ Increased \_\_\_\_\_ Normal \_\_\_\_\_ Increased Amount  
Increased Frequency \_\_\_\_\_ Straining to Urinate: \_\_\_\_\_  
Vomiting: \_\_\_\_\_ Coughing: \_\_\_\_\_  
Sneezing: \_\_\_\_\_ Gagging: \_\_\_\_\_  
Any Listlessness: \_\_\_\_\_ Any Weakness: \_\_\_\_\_  
Shaking Head: \_\_\_\_\_  
Scratching (where) \_\_\_\_\_ Licking (where) \_\_\_\_\_  
Significant Hair Loss: (patchy, excessive shedding, or generalized)

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Scotting: (dragging rear on the ground) \_\_\_\_\_  
Unusual lumps or bumps: \_\_\_\_\_  
Bad Breath: \_\_\_\_\_  
Unusual Discharge: (from where?) \_\_\_\_\_  
Lameness: (which leg) Please indicate: \_\_\_\_\_  
Difficulty Rising: \_\_\_\_\_  
After sleeping: \_\_\_\_\_ after exercise: \_\_\_\_\_  
Any behavioral changes (please describe) \_\_\_\_\_  
Do you wish to be present while your pet is examined? \_\_\_\_\_  
Do we have permission to take your pet to our treatment room for various  
procedures? \_\_\_\_\_  
Anything else we need to know? \_\_\_\_\_

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