Pets Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to fill out this form. Your responses will help us to better care for your pet. We have found that using a pre-exam history form reduces the chances that one of your concerns will be missed during your visit.

**What is the primary reason you are having your pet examined today? Please list symptoms and when you first notice these symptoms?**

**What medication(s) or supplement(s) are your pet currently taking? List dose, instructions.**

**(Please also bring medication(s) to your appointment.)**

**Have any of these medications helped the problem.**

**What do you currently feed your pet? Include all treats or any diet change within the past 2 months.**

**How much do you feed per day?**

**Do you have any other pets in the house?**

**Are they having these *or* any other symptoms?**

**What heartworm/parasite (flea/tick) control do you use for your pet?**

**Has your pet been outside of the state in the past 6 months?**

**When were your pets last vaccines?**

**CATS: Does your cat go outside?**

 **Has your cat been tested for FeLV or FIV? If so, when?**