Recent Medical History

Pet's Name: _____ Date: _____

Has your pet shown any of the following signs or symptoms?

Yes	No		Yes	No	
☐	☐	Vomiting	☐	☐	Skin Problems
☐	☐	Diarrhea	☐	☐	Lumps or Bumps
☐	☐	Lameness or Stiffness	☐	☐	Itching or Scratching
☐	☐	Listlessness or Weakness	☐	☐	Poor Coat/Hair Loss
☐	☐	Tremors or Seizures	☐	☐	Head Shaking
☐	☐	Coughing or Sneezing	☐	☐	Unusual Body Odors
☐	☐	Scooting on the Rear End	☐	☐	Unusual Discharges

If yes, please explain: _____

_____

Has your pet shown significant change in any of the following?

Yes	No	Please Circle the Appropriate Answer
☐	☐	Appetite? Increased Decreased
☐	☐	Water Intake? Increased Decreased
☐	☐	Character of Bowel Movement? Diarrhea Constipation Increased Frequency Decreased Frequency
☐	☐	Frequency or Amount of Urination? Increased Frequency Increased Volume Decreased Frequency Decreased Volume
☐	☐	Change in Body Weight? Gain Loss
☐	☐	Behavior? Explain: _____

_____

Brand of Normal Diet: _____

Number of meals per day: _____ Amount per meal (cups of food): _____

Treats (brand/type): _____ Number of treats per day: _____

Medications/Supplements: _____

Is there anything else we need to know? _____

_____

_____

_____

Please turn over and complete the Lifestyle Questionnaire.

Lifestyle Questionnaire

In an effort to base our vaccination recommendations upon your dog's disease risks, we are asking that you take a few moments to answer the following questions regarding your dog's daily life.

Yes	No	
☐	☐	1. Do you board your dog or take your dog to a groomer?
☐	☐	2. Do you take your dog to pet stores, dog training classes, or other places where your dog is exposed to other dogs?
☐	☐	3. Do you bring your dog along while walking, jogging, picnicking, hiking, camping, hunting, or fishing?
☐	☐	4. Do you bring your dog along while visiting Northeast Iowa, Minnesota, Wisconsin, or the Northeastern United States?
☐	☐	5. Do you ever find ticks on your dog?
☐	☐	6. Has your pet ever had a reaction to a vaccination in the past (soreness, lethargy, swollen face, vomiting, and/or diarrhea)?

Who is your pet insurance carrier? _____

Heartworm preventive brand: _____

Flea/tick control product: _____

Strict monthly use (_____) or I miss the occasional dose (_____)