

**HARDIN VALLEY ANIMAL HOSPITAL**  
**ANIMAL MEDICAL HISTORY**

Pet Name \_\_\_\_\_ Species \_\_\_\_\_

Please list the last time your pet had these vaccinations and treatments:

**Dogs:** DA2PPV (Distemper/Parvo) \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella (Kennel Cough) \_\_\_\_\_  
Lepto \_\_\_\_\_ Heartworm Test \_\_\_\_\_

**Cats:** FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ FELV \_\_\_\_\_ FELV Test or FIV Test \_\_\_\_\_

Is your pet primarily indoors or outdoors? \_\_\_\_\_

ALL:

Other vaccines, Please specify (ex: Dogs-Corona, Lyme and Cats-FIP or FIV): \_\_\_\_\_

Geriatric Health Screen (Approximate Date) \_\_\_\_\_

Medical History-Prior Illness/Surgery \_\_\_\_\_

Chief Complaint or Reason for Visit: \_\_\_\_\_

Has your pet been seen for the same condition recently? \_\_\_\_ Where? \_\_\_\_\_

Vaccinations needed today: \_\_\_\_\_

Any injury or accident in past 30 days? \_\_\_\_ please explain: \_\_\_\_\_

Any surgery in the past 30 days? \_\_\_\_ If so, what kind? \_\_\_\_\_

Is your pet allergic to any medications? \_\_\_\_ If so, which ones? \_\_\_\_\_

Currently on any medications? \_\_\_\_ if so, please list: \_\_\_\_\_

Is your pet on any Heartworm preventative? \_\_\_\_ Which kind? \_\_\_\_\_

Diet: \_\_\_\_\_ How many times/day do you feed your pet? \_\_\_\_\_

Pet Treats: \_\_\_\_\_ Does your pet get table scraps? \_\_\_\_\_

Appetite normal? \_\_\_\_ If no, how long has it been abnormal? \_\_\_\_\_

Vomiting? \_\_\_\_ If yes, how long? \_\_\_\_ Diarrhea? \_\_\_\_ If yes, how long? \_\_\_\_

Listless? \_\_\_\_ If yes, how long? \_\_\_\_ Weakness? \_\_\_\_ If yes, how long? \_\_\_\_

Drinking more or less water than usual? \_\_\_\_ How long? \_\_\_\_\_

Coughing? \_\_\_\_ If yes, how long? \_\_\_\_ Sneezing? \_\_\_\_ If yes, how long? \_\_\_\_

Gagging? \_\_\_\_ If yes, how long? \_\_\_\_ Scratching? \_\_\_\_ If yes, how long? \_\_\_\_

Urinating more or less than usual? \_\_\_\_ how long? \_\_\_\_ Straining? \_\_\_\_\_

Shaking head? \_\_\_\_ If yes, how long? \_\_\_\_ Scooting? \_\_\_\_ How long? \_\_\_\_\_

Limping? \_\_\_\_ Which leg? \_\_\_\_\_ how long? \_\_\_\_\_

History of Seizures? \_\_\_\_ If yes, how long? \_\_\_\_\_

Unusual lumps or bumps? \_\_\_\_ If yes, please list: \_\_\_\_\_

Bad Breathe? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Weight loss or gain? \_\_\_\_\_ please explain: \_\_\_\_\_

Unusual discharge: \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Behavioral Changes \_\_\_\_\_ Please explain: \_\_\_\_\_

Is your pet spayed/neutered? \_\_\_\_\_ Did your pet eat this morning? \_\_\_\_\_

Anything else we need to know? \_\_\_\_\_