

FAIRFIELD ANIMAL HOSPITAL

MEDICAL HISTORY

At Fairfield Animal Hospital, our goal is to provide the best medical care available for your pet. Please help us reach this goal by providing as much information as possible. Thank You!

Owner's Name: _____ Date: _____

Pet's Name: _____ Date of Birth: _____ Age: _____

Species: _____ Breed: _____ Color: _____ M/MN F/FS

Current medications/ preventives: _____

Is pet allergic to any medications? Y N If so, please list: _____

Other allergies: _____

Has pet had any medication today? Y N If so, please list: _____

Reason for today's visit: _____

Is pet eating normally? Y N What has pet eaten today? _____

Is pet drinking normally? Y N What has pet drunk today? _____

Have a bowel movement today? Y N Was stool normal? Y N Diarrhea? Y N

Bloody? Y N If abnormal, for how long? _____

Urinate today? Y N Was urine normal? Y N Frequency: More often Less often

Quantity: More than usual Less than Usual Blood-tinged? Y N Other: _____

Accident or injury Y N Details: _____

Recent Surgery Y N Describe: _____

Vomiting Y N How long? _____

Lethargy (Lack of Energy) Y N How long? _____

Limping? Which leg? RF RR LF LR How long? _____

Reason for limp, if known: _____

Coughing/Gagging Y N How long? _____

Sneezing Y N How long? _____

Scratching Y N Where? _____

Seizures Y N Last occurrence: _____

New Lumps/Bumps Y N Where/How long? _____

Bad Breath Y N How Long? _____

Weight gain/loss Y N How much/when? _____

Behavioral changes Y N Describe: _____

Other comments: _____

I authorize pain relief or sedation for examination or treatment today if necessary: Yes No Call 1st

A Day-Boarding Fee will be added to all dropped off patients.

Owner's Signature: _____ Date: _____

The telephone number where we can reach you today: # _____