

Date_____

Doctor_____

Account #_____

Lincoln Avenue Veterinary Clinic

MEDICAL HISTORY FORM

Client name_____ Telephone #cell_____-_____-_____ home_____-_____-_____
Pet_____ Age of pet_____ work_____-_____-_____ (please circle best number)
email_____

What is the chief problem?

How long has it been going on? (less than 24 hrs_____) (# of days_____) (# of weeks_____)

Has it gotten better_____ or worse_____

Has this problem occurred before? yes___ no___ If yes, when?_____

Has there been any: Vomiting? Yes___ No___

Diarrhea? Yes___ No___

Coughing? Yes___ No___

Sneezing? Yes___ No___

If yes, describe what comes out, frequency, and how long it has been going on?_____

Any **change** in: Thirst? Yes___ No___

Appetite? Yes___ No___

Urination frequency or amount? (circle which one) Yes___ No___

Blood in urine? Yes___ No___

Energy level? Yes___ No___

Diet? Yes___ No___

If yes to any of the above, describe how_____

Is your pet experiencing any pain?_____ If so please describe pain_____

Is your pet on any medications *currently*? Please provide name, amount given, frequency given, and strength of each medication. _____

There will be an office call charge and hospitalization fee, along with any other fees for other services performed. We will try and contact you BEFORE performing any services beyond the exam, unless it is imperative for the pet's health and safety (in which case we may not wait to contact you and you will still be responsible for those charges and fees).

____ Please call me before performing any tests or treatments to my pet.

____ You have my permission to perform laboratory testing(\$100 and up), X-rays (1-\$95, 2-180) or other tests needed and to treat my pet as deemed necessary by the veterinarian. Budget \$200___ \$300___ \$400___ \$500___ \$750___ \$1000___ other amount \$_____

Signature_____
print name_____

Date_____

Thank you for your time and cooperation!