PATIENT HISTORY FORM

Client's Name ______________________________ Patient's Name ___________________________

Reason for visit ____

Date when symptoms started? ___________________________

Phone number where you can be reached: _____________________________________

Check all that apply:

Normal/No Concerns	Coughing/Gagging	Vomiting
Breathing Difficulties	Seizures	Weight loss
Diarrhea	Abnormal Urination	Drinking Excessively
Scooting	Blood in Stool	Check ear L R
Increased Appetite	Lethargic	Check eye L R
Decreased Appetite	Sneezing	

Skin Growth/Lump-where?____

Scratching/Rash-where? ____

Limping-which leg? Right Front Left Front Right Rear Left Rear

Indoor Pet Outdoor Pet Both Indoor/Outdoor Pet

Please give us any information about your pet that can assist us:

____

____

Pet Food Brand? ____________________________ How much? ___________________________

Is your pet on preventative? Heartworm Flea Tick

Vaccines Information (When/Where)? ____

Any previous medical conditions? ____

____

Is your pet on any medications or supplements? _____________________________________

____

VCA Tanglewood Animal Hospital

9125 Menchaca Road • Austin, Texas 78748 • 512-280-0878 • vcatanglewood@vca.com

AT VCA ANIMAL HOSPITALS, WE CARE