

**Purdue Veterinary Hospital Primary Care Appointment History Form**

1. Client Name: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_  
Contact Phone Number for Today: \_\_\_\_\_

2. Primary reason for your visit today:

3. What health concerns do you have about your pet today?

4. What services do you want performed on your pet?

5. Food currently feeding/amount and frequency/supplemental feeding?

6. Is your pet currently taking any medications or dietary supplements? Please describe the dose, frequency, and route of administration.

**Heartworm, flea, tick control products:**

Frontline Plus	Advantage II	K-9 Advantix	Revolution	Advantage Multi
Bravecto	Seresto Collar	Nexgard Credelio	Simparica Trio	Interceptor Plus
Heartgard Plus	Bravecto plus (cats)	Other		

7. Any known vaccine, medication or food allergies?

8. What medications did your pet receive this morning?

9. Is your pet fasted today? Yes No

10. Does your pet need any refills on his/her medication today? This includes flea/tick/heartworm prevention. What quantity would you like to refill?

11. Travel history outside of the state of Indiana: NO / YES \_\_\_\_\_

12.

	Y	N		Y	N
Is your pet a senior pet (over age 7)			Increase in water drinking		
Has your pet had any illness/injury in the last year			Decrease in water drinking		
Has your pet ever had a seizure			Increase in urination		
Does your pet get table scraps/human food			Decrease in urination		
Any listlessness/lethargy			Increase in weight		
Has there been any recent vomiting			Decrease in weight		
Any diarrhea or soft stools			Increase in defecation		
Any Constipation			Decrease in defecation		
Have you seen your pet passing any worms			Any behavioral changes		
Any scooting of the rear/bottom			Loss of potty-training/housebreaking		
Any weakness/stiffness/difficulty rising			Has your pet ever had an issue with aggression		
Any limping RFront LFront RRear LRear			Has your pet every had a problem with barking or destructive behavior		
Has your pet been coughing, sneezing or gagging			Any unusual lumps or bumps		
Does your pet ever strain to urinate			Any scratching or excessive licking		
Any unusual discharge			Any significant hair loss		
Any vision or hearing problems			Any shaking of the head		
Have you noticed bad breath			<b><i>**Please describe any yes remarks below</i></b>		

13. Please describe any specific skin lesions/problems or above "yes" answers

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