Pet History: Mammal

Pet's Name: _____ Species: _____ Breed: _____

• ☐ Birthday / ☐ Gotcha Day: _____ • Sex: ☐ Male ☐ Female ☐ Unsure

• Spayed or Neutered? ☐ Yes ☐ No If yes, when? _____

Color(s): _____ Microchipped: ☐ Yes ☐ No ☐ Unsure | Tattoos/Markings: _____

Reason For Today's Visit?: _____

Previous Veterinary Clinic:_____ Vet Phone Number: _____

History

Where did you get your pet from? ☐ Pet Store ☐ Convention ☐ Humane Society/Shelter ☐ Breeder ☐ Friend

☐ Other, Please Specify:_____

Any Previous or Chronic Illness:_____

Previous Surgeries: _____

Any Known Vaccine reactions? _____

Is your pet on any medications including flea/heartworm preventative? ☐Yes ☐No • If yes, please list them and date last given:

_____

_____

What type of food is offered to your pet? _____

How much of this is actually consumed by your pet? _____

Does your pet eat fresh fruit or vegetables? ☐ Yes☐ No | If yes, Please Specify: _____

Does your pet get any treats, table scraps, or human food? ☐ Yes ☐ No If yes, elaborate: _____

_____

Does your pet drink from a bowl or bottle? ☐ Bowl ☐ Bottle ☐ Other: _____

Any other pets in your home? ☐ Yes ☐ No • If yes, Do they interact or are they a bonded pair? _____

Does your pet live in an enclosed area or do they free-roam? _____

If your pet lives in an enclosed area, please describe type and size: _____

Does your pet live on fleece or other bedding such as a paper type? _____

• How often do you change the bedding? _____

Is your pet litterbox trained? ☐ Yes ☐ No • If yes, what type of litter is used? _____

Does your pet go outside? ☐ Yes ☐ No