

CLIENT & MEDICAL HISTORY UPDATE



Current Clients

County: Boone Winnebago (other) _____
Patient name _____ Date _____

Primary Cell _____ Secondary Cell _____ *Email _____

New address? Any change in ownership of any pet(s) in the last 18 months? (i.e. divorce, moved, re-homed pet, lost pet)

*** PetDesk is our new app to send appointment reminders & pet updates via text or email. Email is required to upload your pets' data into the app.**

***Last Preventative purchase:**

Date	Meds	Amount purchased	Needed?
	Heartgard		<input type="checkbox"/>
	Nexgard		<input type="checkbox"/>
	Frontline		<input type="checkbox"/>
	ProHeart		<input type="checkbox"/>
	Other:		<input type="checkbox"/>

Medication refills needed? _____

*Initials _____ I give Perryville Pet Hospital permission to include photos of, or references to my pet(s), on our website or any social media (your personal information will never be shared).

*Initials _____ No I do not give permission.

Current diet & Treats? _____ **How much per day?** _____

Cats Only

- | Yes | No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Does your cat go outside? |
| <input type="radio"/> | <input type="radio"/> | If indoors, are they exposed to any cats that go outside? |
| <input type="radio"/> | <input type="radio"/> | Do you have a multi-cat household? (≥ 3 cats) |
| <input type="radio"/> | <input type="radio"/> | What flea control are you using? _____ |

Dogs Only

- | Yes | No | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Does your dog go to dog parks/Forest preserves? |
| <input type="radio"/> | <input type="radio"/> | Do you use boarding and/or grooming facility? |
| <input type="radio"/> | <input type="radio"/> | Do you give monthly heartworm preventative? Year round? Seasonal? |
| | | Last dose? <input type="checkbox"/> Within 30 days <input type="checkbox"/> ≥ 30 days <input type="checkbox"/> ≥ 90 days |
| <input type="radio"/> | <input type="radio"/> | Do you use flea/tick preventative? <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal |
| <input type="radio"/> | <input type="radio"/> | Would you be interested in one dose that lasts 12 months? |

Think of your pet’s health the last few months?

- | Yes | No | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Does your pet have bad breath? |
| <input type="radio"/> | <input type="radio"/> | Vomiting or Diarrhea? |
| <input type="radio"/> | <input type="radio"/> | Change in appetite or water intake? |
| <input type="radio"/> | <input type="radio"/> | Recent coughing? |
| <input type="radio"/> | <input type="radio"/> | Limping? Which Leg(s)? <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Back |
| <input type="radio"/> | <input type="radio"/> | Slow to get up after rest? |
| <input type="radio"/> | <input type="radio"/> | Slowing on walks/stairs? |
| <input type="radio"/> | <input type="radio"/> | New lumps or bumps? |
| <input type="radio"/> | <input type="radio"/> | Itching? <input type="checkbox"/> Licking <input type="checkbox"/> Skin problems <input type="checkbox"/> Daily <input type="checkbox"/> Weekly |
| <input type="radio"/> | <input type="radio"/> | Does your pet ever show <input type="checkbox"/> Anxiety <input type="checkbox"/> Fear <input type="checkbox"/> Aggression
<input type="checkbox"/> At home <input type="checkbox"/> In the car |
| <input type="radio"/> | <input type="radio"/> | Does your pet show anxiety with loud noises?
(ie. Fireworks, Thunderstorms)? |
| <input type="radio"/> | <input type="radio"/> | Any urinary accidents in the house? |
| <input type="radio"/> | <input type="radio"/> | Other concerns? _____ |
| <input type="radio"/> | <input type="radio"/> | Is your pet on any medications, vitamins or supplements?
What meds, vitamins or supps? _____ |

What food do you currently feed your pet? _____
How much per day? _____

What type of treats? _____
How much per day? _____