# CLIENT HISTORY

BROWARD VETERINARY SPECIALISTS

How long have you owned your pet? _____

Where did you obtain your pet? _____

Did your pet have any major problems as a puppy or kitten? _____

When was s/he last vaccinated? _____

Which vaccines were included? _____

Does your pet take heartworm prevention? ☐ Yes ☐ No Which one? _____

Does your pet receive flea or tick control? ☐ Yes ☐ No Which one? _____

Do you have other pets? ☐ Yes ☐ No What types? _____

What does your pet routinely eat? _____

Do you provide any treats or snacks? ☐ Yes ☐ No What type? _____

Does your pet live? ☐ Indoors ☐ Outdoors ☐ Both

Has your pet traveled? ☐ Yes ☐ No If yes, where? _____

Has your pet been spayed or neutered? ☐ Yes ☐ No If yes, when? _____

If a female, did she have a heat cycle prior to her spay? ☐ Yes ☐ No

Has your pet ever had surgery? ☐ Yes ☐ No If yes, what for? _____

Has your pet ever been hospitalized? ☐ Yes ☐ No If yes, what for? _____

Has your pet experienced any adverse reactions to foods or medications? ☐ Yes ☐ No _____

Are you able to give your pet liquid medications? ☐ Yes ☐ No Pills? ☐ Yes ☐ No

When did your pet last seem normal to you? _____

What was the first abnormality you noted? _____

_____

What medications is your pet currently taking? _____

What medications has your pet taken in the past? _____

Please note if your pet has experienced any of the following:

- ☐ Cough
- ☐ Difficulty Breathing
- ☐ Ocular Discharge
- ☐ Increased Appetite
- ☐ Weight Gain
- ☐ Vomiting
- ☐ Change in Stool Color
- ☐ Lameness
- ☐ Seizures
- ☐ Confusion
- ☐ Itching
- ☐ Bruising
- ☐ Any Masses
- ☐ Sneeze
- ☐ Fast Breathing
- ☐ Nasal Discharge
- ☐ Decreased Appetite
- ☐ Weight Loss
- ☐ Diarrhea
- ☐ Pain Anywhere
- ☐ Change in Activity
- ☐ Fainting
- ☐ Change in Behavior
- ☐ Loss of Hair
- ☐ Change in Skin Color

List for Additional Medications if Needed:

_____

_____

_____

_____