

Lakeside Veterinary Center, LLC
8693 Cherry Lane Laurel, MD 20707
301-498-8387

Dog and Cat History form

Owner last name:

Pet's name:

What prompted you to come today? (circle all that apply)

Annual visit

Vaccines

Other concerns

If you circled other concerns, can you describe briefly what those concerns are? _____

Has your pet recently experienced any of the following problems? (circle all that apply)

Bad breath Bleeding from the mouth Pain around the face/head Runny nose

Coughing Sneezing Runny eye Red eye Squinting Trouble breathing

Lethargy Reluctance to move, jump or walk Hunched posture Inability to walk

Lumps or bumps (where? _____) Pain of any kind

Limping Holding a leg up? Torn toe nail Scratching Rash Fleas Ticks

Odor from ears Shaking head Scratching at ears Holding head at a tilt

Not eating well Vomiting Diarrhea Drinking more than usual Urinating more

Urinary accidents in house Bowel movements in house Straining to urinate or have BM

Weight loss Weight gain Scooting rear end along ground Wounds

Major trauma Emergency room visits (what for? _____)

Other signs not listed here: please specify _____

What medications, if any, is your pet currently taking?

Heartworm preventive

Flea/Tick medicine

Other (please list with doses if possible): _____

Is there anything else you want the doctor to know or want to talk with the doctor about?