

Veterinary Clinic

Patient History Release

Client Information:

Pet's Name: _____

Phone number that we can reach you at during the appointment: _____

How would you like an update on the exam findings? Phone call Health report card

Patient History:

Known allergies Y – N to: _____

Previous vaccine reactions Y – N to: _____

Below, please circle all that apply:

Have any of the following clinical signs been noticed?

Coughing	Sneezing	Vomiting	Diarrhea
Increased Drinking Volume or Frequency	Lameness	Inappropriate Urination	

If yes, please explain:

How long has this been going on?: _____

Vaccinations/Services requested:

Please circle all services requested:

Physical Examination	Rabies	Distemper	Bordetella	Leptospirosis	Lyme	Fecal
Heartworm Test	Skin Exam	Anal Gland Expression	Nail Trim	Ear Cleaning		

Additional concerns or requests: _____

How long has this been going on?: _____

Preventative requested:

Heartworm Preventative

Heartgard Sentinel other: _____

Topical Flea & Tick Preventative

NexGard Frontline other: _____

Number of monthly doses requested: _____

Number of monthly doses requested: _____

(Please note that buying in quantities of 6 typically allows for a rebate from the drug company)

I hereby certify that the information stated above is accurate and I understand that I am financially responsible for services performed at the time of appointment.

Owners Name: _____ Signature: _____