

Inwood Animal Clinic Patient History Form

We are pleased to welcome you to Inwood Animal Clinic. You are an important member of your pet's health care team. We look forward to working with you in maintaining your pet's health.

Please Print

Owner Information

Last name_____ First name_____

Address_____

City_____ State_____ Zip_____

Home Phone ()-_____-_____ Cell Phone ()-_____-_____

E-mail_____

Emergency Contact_____

Emergency Contact Phone ()-_____-_____

Pet Information

Pet's name_____ ♦Dog ♦Cat ♦Other _____

Breed_____ Birth Date_____ Sex: M / F

Spayed/Neutered: Y / N Color_____

Where did you obtain this pet? _____

Reason for pet's visit? _____

On Any Medications? (If so, please list)

1. Name: _____ Dose: _____

2. Name: _____ Dose: _____

3. Name: _____ Dose: _____

4. Name: _____ Dose: _____

What do you feed your pet? _____
Is your pet on vitamins? Y / N Frequency of Feedings: _____
Any recent diet changes? _____

Please check any that apply:

- ◇ Reaction after vaccines
- ◇ Increased activity levels
- ◇ Increase in appetite
- ◇ Increase in drinking water
- ◇ Weight gain
- ◇ Coughing
- ◇ Vomiting (if yes, frequency): _____
- ◇ Diarrhea
- ◇ Inappropriate urination
- ◇ Scratching/ Licking
- ◇ Bad breath
- ◇ Weakness
- ◇ Difficulty walking or jumping
- ◇ Less inclined to walk or jump
- ◇ Other _____
- ◇ Sneezing
- ◇ Constipation
- ◇ Lumps
- ◇ Difficulty eating
- ◇ Shaking
- ◇ Decreased activity levels
- ◇ Decrease in appetite
- ◇ Decrease in drinking water
- ◇ Weight loss
- ◇ Trouble Breathing
- ◇ Hair Loss
- ◇ Lack of coordination

For Drop Off Appointments, please give a good history of your pet's problem or illness. (i.e. - how long, how frequent, possible causes)

All professional fees are due at the time services are rendered.
No personal checks accepted.