

**Medical History/Risk Assessment**

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Client # \_\_\_\_\_

Reason for the Visit: \_\_\_\_\_

Mouth: Bad Breath      Loose/Missing teeth      Difficulty Eating      Weight Loss      Red/Swollen Gums  
Visible tartar      Decreased Appetite

Eyes: No Problems Vision Loss      Cloudy      Drainage      Rubbing      Other: \_\_\_\_\_

Ears: No Problems Shaking Head      Scratching      Odor      Painful      Other: \_\_\_\_\_

Skin: No Problems      Scratching      Rash      Bumps/Lumps      Hair loss      Odor      Other: \_\_\_\_\_

Appetite: Normal      Decreased      Increased      \_\_\_\_\_

Water Intake: Normal      Decreased      Increased \_\_\_\_\_

Urination: Normal      Decreased      Increased      \_\_\_\_\_

Activity: Normal      Decreased      Increased      \_\_\_\_\_

Mobility: Normal      Decreased      Increased \_\_\_\_\_

Coughing:      No      Yes      Frequency \_\_\_\_\_

Sneezing:      No      Yes      Frequency \_\_\_\_\_

Vomiting:      No      Yes      Frequency \_\_\_\_\_

Diarrhea:      No      Yes      Frequency \_\_\_\_\_

Itching:      No      Yes      Frequency \_\_\_\_\_

Scotting:      No      Yes      Frequency \_\_\_\_\_

Behavior:      Normal      Abnormal      Describe: \_\_\_\_\_

Pain Score:      1 2 3 4 5 6 7 8 9 10      Where? \_\_\_\_\_

Previous Problems/Treatments: \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_/day

Does your pet go outside?      Yes      No      Inside ONLY

Does your pet travel, go to dog parks or get boarded/groomed? \_\_\_\_\_

What Heartworm/Parasite Prevention does your pet use? \_\_\_\_\_

Prescriptions/Diet refills needed today? \_\_\_\_\_

Does your pet have a microchip?      Yes      No      Unsure