COMPREHENSIVE PET HEALTH HISTORY FORM

Healing Hands Animal Hospital
910-259-3818
423 U.S. Hwy 117 S
Burgaw, NC
28425

Client Name:_____ **Pet Name:**_____ **Date:**_____

What is the reason for your visit today? If pet is sick or injured please give a detailed description of the problem:_____ _____ _____	
When did the problem start? **Is this a recurring issue?**	**Yes** ☐ **No** ☐
Is the problem: The same ☐ **Better** ☐ **Worse** ☐	
Is your pet on heartworm prevention? **What kind?**	**Yes** ☐ **No** ☐
Is your pet on flea and tick prevention? **What kind?**	**Yes** ☐ **No** ☐
Has your pet been tested or treated for parasites in the last 6 months?	**Yes** ☐ **No** ☐
Have you seen any worms in your pet's stool? **If yes please describe the worms:**	**Yes** ☐ **No** ☐
Is your pet currently on any medications? **If yes please list medications:**	**Yes** ☐ **No** ☐
Is your pet allergic to any medications?	**Yes** ☐ **No** ☐
Does your pet have a history of seizures?	**Yes** ☐ **No** ☐

Please check all that apply

Appetite
- ☐ Increased ☐ Decreased
- ☐ Not eating at all
- ☐ Increased water consumption
- ☐ Decreased water consumption
- ☐ Not drinking at all
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Blood in stool
- ☐ Food intolerances

Weight: Increased ☐ Decreased ☐
Did pet eat this AM? Yes ☐ No ☐
Table scraps? Yes ☐ No ☐
Type of food:_____
Amount:_____
Frequency:_____
Type of treats if any: _____

Coat and Skin
- ☐ Itching
- ☐ Wound/Laceration
- ☐ Sore/Hot Spot
- ☐ Dandruff
- ☐ Flakes
- ☐ Crust
- ☐ Hair Loss
- ☐ Red
- ☐ Swollen/Inflamed
- ☐ Unusual lumps/bumps
- ☐ Location(s):

_____
_____
_____

Ears
- ☐ Both
- ☐ Right
- ☐ Left
- ☐ Odor
- ☐ Discharge
- ☐ Shaking Head
- ☐ Scatching Ears

Attitude
- ☐ Alert
- ☐ Lethargic
- ☐ Listless/Weakness
- ☐ Behavioral changes (if yes please describe):

_____
_____
_____

Eyes
- ☐ Both
- ☐ Right
- ☐ Left
- ☐ Red
- ☐ Swollen/Inflamed
- ☐ Squinting
- ☐ Scratching
- ☐ Discharge
- ☐ Cloudy
- ☐ Trouble Seeing

Nasal/ Chest
- ☐ Gagging
- ☐ Coughing
- ☐ Coughing Up: _____
- ☐ Trouble Breathing
- ☐ Sneezing
- ☐ Nasal Discharge
- ☐ Color: _____

Back/ Abdomen
- ☐ Showing Pain
- ☐ Swelling
- ☐ Scooting
- ☐ Neck
- ☐ Back
- ☐ Abdomen
- ☐ Rectum

Urination
- ☐ Frequent urination
- ☐ Urinating less
- ☐ Not urinating
- ☐ Inappropriate urination
- ☐ Straining
- ☐ Blood in urine

Legs/Paws
- ☐ Right front
- ☐ Left front
- ☐ Right hind
- ☐ Left hind
- ☐ Limping
- ☐ Swollen
- ☐ Showing pain
- ☐ Not walking
- ☐ Stiffness/difficulty rising

00/00/00 HX FORM
CYNTHIA D. BURNETT, DVM