



Patient Medical History Form

Date: _____

Client Name: _____ Pet's Name: _____

Patient History

1. My pet's last meal was at _____ am / pm
2. Does your pet have any allergies? Yes / No
If yes, list all known allergies _____
3. Is your pet currently taking any medications or supplements? Yes / No

Medication	Dose	Time Last Dose Given

4. Has your pet had a previous anesthetic procedure or surgery not performed at NSVC? Yes / No
Please list past procedures _____
5. Has your pet had any previous reactions to anesthesia? Yes / No
If yes, please describe _____
6. Has your pet shown any signs of illness? Vomiting, diarrhea, coughing or sneezing? Yes / No
If yes, please describe _____
7. Has your pet recently shown any changes in exercise, eating or drinking habits? Yes / No
If yes, please describe _____
8. Is your pet on a prescription or restricted diet? Yes / No _____
9. List any behavioral concerns (biting, fearful behavior, special handling, etc.) _____
10. List any belongings left with the pet. The hospital will not be responsible for any lost items. _____

Additional Treatments- please select

- Microchip - \$54
- Toe Nail Trim - \$16-\$39
- Urinalysis - \$47-\$98
- Canine Heartworm Test - \$49
- Fecal Parasite Screening - \$46
- Vaccinations - \$26.50-\$60 each
- Ear Cleaning - \$40 - \$65
- Anal Gland Expression - \$40.50
- Brush or clip out mats - \$ 4.95/minute of grooming
- Feline Leukemia and FIV test - \$69

Fleas

My pet's last dose of Flea treatment was: Type _____ Date _____

*To prevent flea infestation within the hospital, all hospitalized pets are carefully examined for any evidence of fleas. **If any fleas are detected, a dose of oral or topical flea treatment will be given at the cost of up to \$26.** This policy protects your pet as well as others.*

Authorized Agent Signed: _____ Date: _____

Technician/DVM Witness: _____ (Initial)