

P.E.T.S. Low Cost Spay and Neuter Clinic- Medical History  
(940) 723-PETS (7387)

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

It is important that our veterinarian be provided as much information as possible about your pet. Please answer the following questions and use the empty space below to tell us anything else you would like us to know. A minor issue to you could be very important to our vet, please be thorough.

How long have you had your pet? \_\_\_\_\_  
Where did you get your pet? \_\_\_\_\_

Please list all current medications your pet is on. Include Heartworm preventative and Flea/Tick Control:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet been seen by a veterinarian in the past 6 months. If yes, please explain what the visit was for. Include routine examinations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about previous surgeries or emergencies involving your pet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else we should know. Examples- unexplained swelling, trouble breathing, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner signature: \_\_\_\_\_

-----FOR PETS USE ONLY-----

Patient: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

Time	Heart Rate	Gum Color	Iso Level	O2 Level