



# Mountain View Veterinary Clinic

## CANINE & FELINE PATIENT HISTORY FORM

Date \_\_\_\_\_

### CLIENT INFORMATION

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

If you were referred by a client, please tell us who so we may thank them! \_\_\_\_\_

Are you an active duty military member or 65+? Show a staff member your ID to receive a military or senior discount.

### PATIENT INFORMATION

Patient Name \_\_\_\_\_

Breed \_\_\_\_\_ Gender \_\_\_\_\_ Color \_\_\_\_\_

Date Of Birth/Approximate Age \_\_\_\_\_ Is your pet spayed/neutered **Yes/No/Unsure**

Has your pet been to another veterinarian? **Yes/No** If so, where? \_\_\_\_\_

### DIET AND ENVIRONMENT

What food does patient currently eat? \_\_\_\_\_ Amount & Frequency? \_\_\_\_\_

Is your pet on any dietary supplements? **Yes/No** If so, what kind and what dosage? \_\_\_\_\_

Does your pet consume table food? **Yes/No** Please explain. \_\_\_\_\_

Is your pet primarily indoor or outdoor? \_\_\_\_\_

Are there any other animals in the household? **Yes/No** \_\_\_\_\_

Do you have your pet groomed or boarded outside of your home? **Yes/No** If so, how often? \_\_\_\_\_

Do you travel outside of Tucson with your pet? **Yes/No** If so, where? \_\_\_\_\_

### REVIEW OF SIGNS

Has your pet exhibited any attitude or behavior change? **Yes/No** Please explain. \_\_\_\_\_

Has your pet ever had seizures? **Yes/No** Please explain. \_\_\_\_\_

Any recent appetite changes? **Yes/No** Please explain. \_\_\_\_\_

Does your pet have any exercise intolerance? **Yes/No** Please explain. \_\_\_\_\_

Has your pet had changes in urination? **Yes/No** Please explain. \_\_\_\_\_

Any recent weight changes? **Yes/No** Please explain. \_\_\_\_\_

Has your pet been vomiting? **Yes/No** Please explain. \_\_\_\_\_

Has your pet had any diarrhea? **Yes/No** Please explain. \_\_\_\_\_

Has your pet been coughing? **Yes/No** Please explain. \_\_\_\_\_

Has your pet been sneezing? **Yes/No** Please explain. \_\_\_\_\_

Has your pet exhibited any signs of lameness? **Yes/No** Please explain. \_\_\_\_\_

Does your pet have difficulty rising after lying down? **Yes/No** Please explain. \_\_\_\_\_

Has your pet been itching? **Yes/No** Please explain. \_\_\_\_\_

Has your pet had any recent hair loss? **Yes/No** Please explain. \_\_\_\_\_

Does your pet have any growths on body? **Yes/No** Please explain. \_\_\_\_\_

Does your pet have any discharge from nose, eyes, vulva, etc.? **Yes/No** Please explain. \_\_\_\_\_

## PAST HISTORY

Has your pet had any prior illnesses, accidents, or surgeries? **Yes/No** Please explain. \_\_\_\_\_

Is your pet aggressive or fearful around strangers? **Yes/No** Please explain. \_\_\_\_\_

Is your pet on heartworm, flea/tick preventatives, or any other medication? **Yes/No** Please explain. \_\_\_\_\_

Does your pet have any known allergies to any medications? **Yes/No** If yes, please list: \_\_\_\_\_

Has your pet ever had a reaction to any vaccines? **Yes/No** If yes, please list and explain below: \_\_\_\_\_

## OFFICE POLICIES

To allow for ample time for all patients and surgical procedures, Mountain View Veterinary Clinic operates primarily by appointment. We also are available to see Walk-Ins and Emergencies, however, these services may be subject to a higher fee schedule. As such, we request all our clients be on time for scheduled appointments and procedures.

For your convenience, we can accept drop offs for exams, surgeries, etc. To ensure that we have the space to accommodate your pet, we request you make arrangements for this in advance. There may be a ward occupancy fee associated with drop off cases.

For your protection, and that of others, pets should be properly restrained by a leash or carrier upon arrival.

If you must cancel an appointment we ask for 24 hours notice. For surgical appointments we ask for 48 hour cancellation notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

We accept cash, debit, or credit cards. We do not accept checks. We also offer Care Credit financing to help make the highest quality care accessible to all our patients.

Mountain View Veterinary Clinic would be more than happy to fill your prescriptions or have your food orders ready for pick-up. Please call ahead with enough notice and we will have your order ready when you arrive.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal.

I understand that payment is ALWAYS DUE IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment.

We love social media! Do we have your permission to share your pet's image and story on our social media, website, and other forms of related media? Your name and personal information will never be shared. **Yes/No**

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_