



Bay Park Veterinary Clinic

Patient History Form



This form allows our doctors to get a detailed history, and helps us to evaluate and examine your pet! Please fill this form out as completely as possible.

Pet's name _____ Date: _____

Please circle: Canine/ Feline - Indoor/Outdoor/Both - Intact/Spayed/Neutered

What are you here for today? _____

Has your pet had any coughing, sneezing, vomiting, or diarrhea? If yes, please note frequency and duration:

Does your pet have a normal appetite, thirst, urination and activity level? If no, please note frequency and duration:

Is your pet on any current medications? Any flea or heartworm prevention? Please list last time medications were given.

What is your pet's current diet? How much do you feed and how often? When was the last time your pet ate?

Any other concerns? History of relevant medical conditions or surgeries?

Signature: _____ Contact number: _____

Staff use only: Weight: _____ Temp: _____ HR: _____ RR: _____