# **PET CASE HISTORY**

**PLEASE PRINT CLEARLY**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date | | | |  | | | | | | | | | | | |
| Owner’s Name (First, Middle, Last) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone | | | ( ) | | | | | | | | | | | | Work Phone | | | ( ) | | | | | | | | x | |  | |
| Cell Phone | | | ( ) | | | | | | | | | | | | Other Phone | | | ( ) | | | | | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Who referred you here? | | | | | | |  | | | | | | | | | | | | | | | Relation | |  | | | | | | | |
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| PET INFORMATION | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Pet’s Name | |  | | | | | | | | | | | | | | | | | | | | | Sex | |  | | | Age |  | | |
| 🞎 Dog 🞎 Cat 🞎 Other: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Condition for which you are consulting us | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration of present condition | | | | | | | | | |  | | | | | | | | | | What do you believe caused this condition? | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous treatment for this condition | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Where treated | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome of treatment | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Has you pet ever had surgery? | | | | | | | | | |  | | | If yes, when and why? | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe any accidents or injuries your pet has had | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Who is your veterinarian? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Please add anything else you feel is pertinent to your pet’s health | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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