FAIRFIELD ANIMAL HOSPITAL

Medical History

At Fairfield Animal Hospital our goal is to provide the best medical care available for your pet. Please help us reach this goal by providing as much information as possible. Thank You!

Owner's Name_____Date_____
Pet's Name_____Date of Birth_____Age_____

Species_____Breed_____Color_____ M MN F F/S
Current Medications/preventions_____

Is your pet allergic to any medications? Y N If so please list_____
Other allergies_____
Has your pet had any medications today? If so please list_____
Reason for today' visit_____
Is your pet eating normally? Y N What has your pet eaten today?_____
Is your pet drinking normally? Y N What has your pet drank today?_____
Has your pet had a bowel movement today? Y N Was the stool normal? Y N Diarrhea? Y N
Bloody? Y N If adnormal , for how long?_____
Urine today? Y N Was urine normal? Y N Frequency: More often Less often
Accident or injury Y N Details_____
Recent surgery Y N Describe_____
Vomiting Y N How long?_____
Lethargy (Lack of Energy) Y N How long?_____
Limping Which leg? RF RR LF LR
Reason for the limp if known_____
Coughing/gagging Y N How long?_____
Sneezing Y N How long?_____
Scratching Y N Where?_____
Seizures Y N Last occurrence_____
New Lumps/Bumps Y N Where/how long_____
Bad Breath Y N How long?_____
Weight gain/Loss Y N How much/when?_____
Behavioral changes Y N Describe_____

Other comments_____
I authorize pain relief or sedation for examination or treatment today if necessary: Y N Call 1st

A day board fee will be added to all dropped off patients.

Owner's Signature:_____Date_____

The telephone number where we can reach you today#_____

A+ RATED
BBB ACCREDITED BUSINESS