

Mansfield Veterinary Health Center

P.O. Box 631, 619 East St., Mansfield, MA 02048 508-339-5775

Welcome! In order to provide the best level of service to you and your pet, we ask you to please take time to fill out the history form below for today's visit.

Your Name: _____ **Pet's Name:** _____

Reason for visit today: _____ **Date:** _____

Has your address or phone number changed since your last visit? If so, what is your new contact information?

E-mail address for updates, reminders, newsletters etc.: _____

Has your pet experienced any of the following in the past month?

Vomiting No Yes Description: _____

Diarrhea No Yes Description: _____

Coughing No Yes Description: _____

Sneezing No Yes Description: _____

Bad Breath No Yes Description: _____

Drinking more than usual No Yes Description: _____

Urinating more than usual No Yes Description: _____

Any arthritis type problems No Yes Description: _____

Itching, chewing, or scratching No Yes Description: _____

Any other medical problems _____

How would you characterize your pet's habits?

Eating Normal Abnormal Description: _____

Drinking Normal Abnormal Description: _____

Urination Normal Abnormal Description: _____

Defecation Normal Abnormal Description: _____

Activity Level Normal Abnormal Description: _____

What is your pet's current diet (brand)? _____

How much do you feed him/her? _____ Any Treats? _____

What heartworm prevention do you currently use? _____ Last Given: _____

What flea prevention do you currently use? _____ Last Applied? _____

Does your pet receive any home dental care? No Yes

Is your pet on any medications or supplements? No Yes

If yes, what are they? _____

Do you have any other dogs or cats in your family? No Yes

If yes - Are they having any problems? _____

Are they current on vaccinations? _____

Any comments or suggestions on how we can better serve you?