SERRANO
Animal & Bird Hospital

Serrano Animal & Bird Hospital
22377 El Toro Rd, Lake Forest, CA 92630
949-855-9744

Dog or Cat History Form

Client Name _____ Email _____ Date _____

Patient Information

Pet's Name _____ Species _____ Dog _____ Cat Breed _____

Color _____ Approximate Weight _____ Date of birth _____

Sex _____ Male _____ Female _____ Unknown Spayed/Neutered? _____ Yes _____ No _____ Unknown

If no, do you plan to breed your pet? _____ Yes _____ No

If no, do you plan to spay or neuter your pet? _____ Yes _____ No

How do you view your pet? _____ As a pet _____ As a family member

How long have you had this pet? _____

Where did you get your pet? _____ Pet Store _____ Breeder _____ Friend _____ Shelter _____ Other: _____

Diet

Please list all the foods your pet eats, including treats. (Please be as specific as possible.):

_____

Please list any vitamin supplements you give your pets: _____

How often does your pet get vitamin supplements? _____

How do you give supplements? _____ In food _____ In water _____ By itself

How doe your pet drink water? _____ From a bowl _____ From a bottle

Environment

Is your pet indoor or outdoor? _____ Indoor _____ Outdoor _____ Both

Are there other pets in the home? _____ Yes _____ No If yes, please list: _____

Previous Veterinary Care

Has your pet received veterinary care at another clinic? _____

Has your pet had previous medical problems? _____

When was the last time a fecal (poop) sample was checked on your pet?

_____ Less than 1 year _____ Over 1 year _____ Never

Has your pet ever been treated for external parasites? _____ Yes _____ No

Today's Visit

Is your pet sick today? _____ Yes _____ No

If yes, please check what symptoms your pet has:

_____ Diarrhea _____ Drooling _____Scratching _____ Not eating _____ Not defecating _____ Head tilt

_____ Runny nose _____ Eye discharge _____ Lameness _____ Trouble breathing _____ Other: _____

How long has your pet been showing these signs? _____

Is there anything else you are interested in having done today? _____ Nail Trim _____ Flea Control _____ Grooming

_____ I have a question about: _____