

**Medical History and Information
Rocky Mountain Small Animal Hospital**

DO YOU HAVE ANY HEALTH CONCERNS ABOUT YOUR PET YES _____ NO _____

IF YES FILL OUT INFORMATION BELOW.

General: Please list any concerns about your pet's health:

Medicine: Please list ALL medications, including vitamins and supplements; your pet is currently taking:

Medical/Surgical History: Please explain any illnesses or surgeries that have not been managed by Rocky Mountain Small Animal Hospital, and are not in our records:

Has your pet ever had an allergic reaction to any medications or vaccines? If yes, what is the name of the Medication(s)/ Vaccines? What was/were the reactions?

Please answer yes or no to the following questions, and explain if necessary:

Recent vomiting or diarrhea: Yes No

Coughing, sneezing or nasal discharge: Yes No

Eye discharge or redness: Yes No

Change in appetite or water intake: Yes No

Change in activity level or lameness: Yes No

Any lumps that have not been evaluated or growing/changing: Yes No

If yes, to any of the above, please list and explain.

What is your pet's diet, including amount and treats:

Pets Name: _____

Owner's Signature: _____ **Date:** _____