



- SMALL ANIMAL VETERINARY SERVICES -
- BOARDING & GROOMING -

Doctor
Neil Utkov, DVM

Medical History Form

Pet Name: _____ Your Name: _____ Date: _____

Reason for today's visit: _____

How long has this been going on? _____

Treating at home? Please describe. _____

Seem to be getting better or worse? _____

Diet: Dry Wet Both Please list the Brand, Quantity, Frequency _____

Has your pet been fasted? Yes No

Lifestyle: Indoor Outdoor Both

Current or frequent symptoms:

- Coughing Sneezing Vomiting Diarrhea Weight change Lumps/bumps
- Appetite change Frequent urination Excessive drinking House soiling Constipation

Please detail any symptoms above: _____

Current on heartworm prevention? Yes No Brand: _____ Need refill? _____

Current on flea and tick control? Yes No Brand: _____ Need refill? _____

Current Medications:

Name of Medication or Supplement	Strength	Frequency

Comments: _____

Specific pick-up time _____ OR Call you when your pet is ready to go? _____

The doctor or our staff will need to contact you to discuss assessment, further treatment, estimate of costs, &/or to set up a discharge time. Best time & phone number where you may be reached today: _____

Signature _____

Date _____