

# First-Time Patient Form

Please print or download this form and bring it to your appointment:

Full Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

**Previous Medical Records:**

Prior to your appointment, please contact your previous veterinary clinic and ask them to send records to us via email ([info@stayathomemobilevet.com](mailto:info@stayathomemobilevet.com)) or fax (330-403-8062).

If you have records, please have them available at the appointment or email us a picture of the records prior to the appointment. We must have written documentation of vaccines and testing in order to give you the best preventative health recommendations going forward.

**Discussion Topics:**

Please check areas of concern that you would like to be sure to discuss with the veterinarian at your appointment:

	Behavior		Other
	Nutrition or Weight		
	Senior Health		
	Dental Health		
	Preventative Care (heartworm, fleas, vaccines, etc.)		

**Behavioral Details:**

Is your pet experiencing any of the following (check the box):

<input type="checkbox"/>	Difficulty chewing food	<input type="checkbox"/>	Ear problems (shaking head/scratching)	<input type="checkbox"/>	Eye discharge or redness; change in vision
<input type="checkbox"/>	Change in thirst or urination	<input type="checkbox"/>	Change in appetite	<input type="checkbox"/>	Change in bowel movements
<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	Difficulty getting around	<input type="checkbox"/>	Skin (rashes/lumps/other)
<input type="checkbox"/>	Labored breathing	<input type="checkbox"/>	Collapsing episodes	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Walking in circles, titling head to the side, falling to one side, or walking like they are "drunk"	<input type="checkbox"/>	Night waking, seeming confused, barking for no reason	<input type="checkbox"/>	

**Medical History/Details:**

Has your pet ever had a vaccine reaction? If so, please describe.

Does your pet have any allergies? If so, please describe.

Please list all past pertinent medical history:

Please list all medications that your pet is taking, including strength, dose and directions:

Please list any current problems your pet is experiencing: