

Phone #
First & Last Name:
Pet's Name:

Drop Off Appointment: History Form

Acredale Animal Hospital

Please read through the following questions, and answer in as much detail as possible. This will help the doctor formulate a diagnostic and treatment plan. When complete, please read, initial and sign the pre-authorization/ consent form, and provide us with the best number to reach you following the doctor's evaluation.

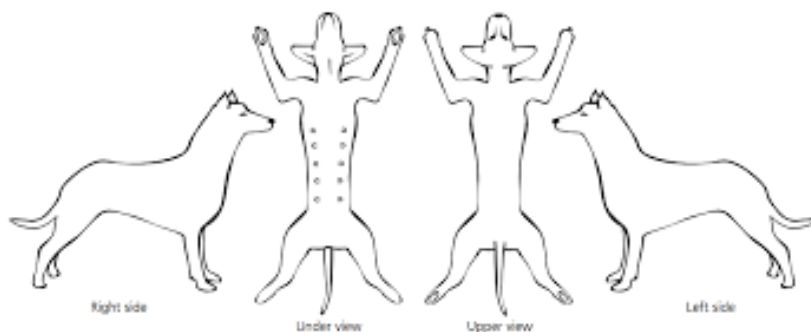
What is the primary reason you are having your pet examined today?
(i.e. annual exam/ vaccines, vomiting, diarrhea, itchy skin, lameness, etc.)

If you listed a problem, approximately how long ago did you first observe it?

In addition to the primary purpose of your visit, have you noticed any other changes or problems with your pet?

Has your pet been boarded recently or attended doggy daycare or dog parks? No ____ Yes ____ When? _____

Please mark the location of the lesion/ or mass that you are concerned about on the diagram below so that the staff can easily find it in your absence:



What heartworm/ parasite control do you use for your pet? _____

How many months a year do you use this product? _____

Diet: What do you currently feed your pet? _____

How much do you feed per day? _____

Recent Diet or Treat Changes? _____

Is your pet currently receiving any prescribed or OTC medication(s)?

Medication	mg/ strength	frequency	Last given?