Kraft
Mobile Veterinary Services

Date _____

Dog & Cat History Form

Is your address & phone number still correct? ☐ Yes ☐ No

If first visit, is this your first pet? ☐ Yes ☐ No

Are you aware pet insurance is available? ☐ Yes ☐ No

Chief Complaint or Reason for Visit:

Routine Vaccinations

Has the pet been seen for same condition recently? ☐ Yes ☐ No How long? _____

Are vaccinations up to date? ☐ Yes ☐ No

Is the pet spayed / neutered? ☐ Yes ☐ No

Has the pet been tested for internal parasites within past 6 months? ☐ Yes ☐ No

Is the pet on heartworm preventive? ☐ Yes ☐ No

Have you seen the pet passing any worms? ☐ Yes ☐ No Describe _____

Any injury or illness in past 30 days? ☐ Yes ☐ No Describe _____

Does the pet have a history of having seizures? ☐ Yes ☐ No

Is the pet currently on any medications? ☐ Yes ☐ No Describe _____

Is the pet allergic to any drugs/medications? ☐ Yes ☐ No List _____

DIET: _____ How many times/day do you feed your pet? _____

PET TREATS: _____

Does the pet get table scraps? ☐ Yes ☐ No

Are there any food intolerances? ☐ Yes ☐ No

Did your pet eat this morning? ☐ Yes ☐ No

Appetite: ☐ Increased ☐ Normal ☐ Decreased

Weight: ☐ Loss ☐ Gain ☐ Stable

Water Consumption? ☐ Increased ☐ Normal ☐ Decreased

Continued…

Bowel Movements? ☐ Constipated ☐ Normal ☐ Diarrhea How long? _____

Urination? ☐ Increased ☐ Normal ☐ Increased Amount ☐ Increased Frequency

Straining to Urinate? ☐ Yes ☐ No

Vomiting? ☐ Yes ☐ No

Coughing? ☐ Yes ☐ No

Sneezing? ☐ Yes ☐ No

Gagging? ☐ Yes ☐ No

Any Listlessness? ☐ Yes ☐ No

Any Weakness? ☐ Yes ☐ No

Shaking Head? ☐ Yes ☐ No

Scratching? ☐ Yes ☐ No Location: _____

Significant Hair Loss? ☐ Yes ☐ No ☐ Patchy ☐ Generalized ☐ Excessive Shedding

Flea Control Used? ☐ Frontine ® ☐ Advantage® ☐ Program® ☐ Other: _____

Scooting? ☐ Yes ☐ No

Unusual Lumps or Bumps? ☐ Yes ☐ No

Bad Breath? ☐ Yes ☐ No

Unusual Discharge? ☐ Yes ☐ No Location: _____

Lameness? ☐ Yes ☐ No Which Leg: ☐ RF ☐ LF ☐ RR ☐ LR

Difficulty Rising? ☐ Yes ☐ No

After sleeping? ☐ Yes ☐ No After Exercise? ☐ Yes ☐ No

Stiffness? ☐ Yes ☐ No

Any Behavioral Changes? ☐ Yes ☐ No Describe: _____

Do you wish to be present while the pet is examined? ☐ Yes ☐ No

Anything else we need to know?

_____