



489 Miller Avenue, Mill Valley, California 94941
Phone 415 380 0500 Fax 415 380 0504

PATIENT HISTORY & TREATMENT FORM

Today's Date (date of appointment) _____

CLIENT INFORMATION

First _____ Last _____

Best contact number(s) today _____

Home Phone () Work () Cell ()

PET INFORMATION

Name _____ Birthdate / /

Canine/Feline Female/ Female spayed Male/ Male neutered

Breed _____ Color _____

Regular Veterinarian _____

Has your pet had anything to eat or drink today? _____

In order to get the most out of your appointment:

- Please prepare a brief list of concerns and bring it to the appointment.
- It is also very useful to keep a diary of your pet's symptoms along with any triggers you are aware of.
- Please arrive at least 15 minutes before your scheduled appointment.
- If you are unable to make your appointment, we ask that you cancel or reschedule at least 24 hours beforehand.

Reason for today's visit

How long has your pet had this problem? _____

Gradual or sudden onset? _____

Do you think this problem is getting: Better /Worse /No Change

Does exercise make the problem: **Better /Worse/ No Change**

When is the problem worse?

AM _____ PM _____ Before exercise _____ After exercise _____

Has the problem been treated previously? Yes / No

List treatments/surgeries _____

Duration of treatment _____

Existing condition(s) (Hyper/Hypo Thyroid, Cushings, Diabetes, etc)

Please list all current medications (including supplements, aspirin etc)

Please list any allergies _____

Feel free to call anytime to ask about your pet.