



12355 Potranco Rd Suite 111
 San Antonio, TX 78253
 210-679-5600

New Patient History

Pet's Name: _____ **Age:** _____ **M/F** _____ **Spayed/Neutered? Y / N**

Breed: _____ **Color:** _____ **Previous Veterinarian:** _____

Please answer the questions below to the best of your knowledge.
 Circle Yes Or No

Please Circle Any Symptoms
 Your Pet May be Experiencing

Does your pet have any history of aggression?	Y N
Is your pet spayed/neutered?	Y N
Is your pet current on vaccinations?	Y N
Is your pet currently on heartworm prevention	Y N
Is your pet currently on flea and tick prevention?	Y N
Any injury in the past 30 days?	Y N
List Any Other Medications your pet is currently taking.	
Does your pet have a history of an allergic reaction to any drugs or medications?	Y N
What food are you currently feeding your pet?	
Does your pet have any known food allergies?	Y N
Any history of seizures?	Y N

Head shaking	Diarrhea
Scratching	Eye Discharge
Hair Loss	Lethargy
Skin Irritation	Behavioral Changes
New Mass found	Change of Appetite
Scotting	Weight Loss
Weakness	Increased or decreased water consumption
Trouble breathing	Increased Urination
Coughing	Straining to Urinate
Sneezing	Bad Breath
Gagging	Tooth Loss
Vomiting	Lameness or stiffness

Additional concerns for the doctor:

Signature:

Today's Date: _____