



# ORANGE VILLA VETERINARY HOSPITAL BOARDING AND GROOMING

1826 North Tustin Avenue Orange, CA 92865 (714) 637-3660 [www.orangevillavet.com](http://www.orangevillavet.com)

## Comprehensive Patient Medical History Form

**Pet Name:** \_\_\_\_\_ **Client Last Name:** \_\_\_\_\_

**Reason for visit today** \_\_\_\_\_

**Has your pet been examined elsewhere for the same condition?** Yes No

**If so, where?** \_\_\_\_\_

	Y	N
Is your address & phone number still correct?		
Is your email address still correct?		
Do you want email reminders for vaccines, etc?		
Do you have pet insurance?		
Are your pet's vaccinations up to date?		
Did your pet eat in the last 12 hours?		
Is your pet spayed or neutered?		

**Food currently feeding/amount and frequency/supplemental feeding?** \_\_\_\_\_

**What medication(s) and/or dietary supplements is your pet taking currently?**  
\_\_\_\_\_  
\_\_\_\_\_

**Is your pet allergic to any food or RX?** \_\_\_\_\_

**Has your pet ever had a reaction to vaccines? Y/N** \_\_\_\_\_

**Monthly flea control being used?**

Comfortis Frontline Plus Advantage Multi Program Sentinel Advantage Advantix  
Vectra Promeris Revolution Other \_\_\_\_\_

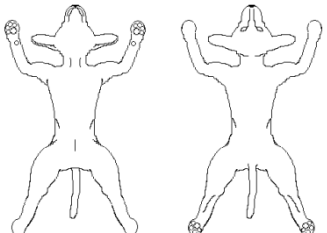
**Monthly heartworm prevention being used?**

Heartguard Plus Iverheart Plus Advantage Multi Revolution Interceptor Sentinel  
Tri-Heart Other \_\_\_\_\_

	Y	N
Is your pet a senior pet (over age 7)?		
Has your pet had any illness/injury in the last year?		
Has your pet ever had a seizure?		
Does your pet get table scraps/human food?		
Any listlessness/lethargy?		
Has there been any recent vomiting?		
Diarrhea or soft stools?		
Constipation?		
Have you seen your pet passing any worms?		
Scotching of the rear?		
Any weakness/stiffness/difficulty rising?		
Any limping? Circle leg RF LF RR LR		
Has your pet been coughing, sneezing, or gagging?		
Does your pet ever strain to urinate?		
Unusual discharge?		
Vision or hearing problems?		
Bad breath?		

	Y	N
Increase in water drinking?		
Decrease in water drinking?		
Increase in urination?		
Decrease in urination?		
Increase in weight?		
Decrease in weight?		
Increase in defecation (bowels)?		
Decrease in defecation (bowels)?		
Increase in appetite?		
Decrease in appetite?		
Behavioral changes?		
Loss of potty-training?		
Ever had a problem with aggression?		
Ever had a problem with barking or destruction?		
Significant hair loss?		
Unusual lumps or bumps?		
Scratching?		
Shaking of the head?		
Please describe any yes remark below		

**Please describe location of any specific skin lesions/problems or above “yes” answers**

I hereby authorize the Orange Villa Veterinary Hospital to prescribe for & treat the conditions presented on this form for the pet presented by me. The hospital & staff will not be held liable for any problems that develop, provided that reasonable care is provided. Further, I agree to pay fees in full for services rendered when pet is discharged from the hospital's care unless other prior arrangements have been agreed upon by both parties.

X

Signature

Date

Phone number where we can reach you \_\_\_\_\_ Would you prefer texting? Y/N \_\_\_\_\_