



SURGICAL SERVICE HISTORY FORM

DATE _____

Client _____ Pet _____

What is the problem your pet was referred for? _____

What is the tentative diagnosis from your veterinarian? _____

Did the problem start suddenly or gradually? _____

How long has the problem been going on? _____

Please discuss the course of the disease or condition (what happened after it started until now?) _____

Has your pet received any medication for the condition? Please list: _____

Is your pet currently on any medication? Aspirin? Time of last dose? _____

Has your pet had any bad reactions to medications? _____

When did your pet last eat? _____

What type of food and how much do you feed your pet? _____

What is the date of your pet's last vaccinations? _____

Is your pet on heartworm preventative? _____

Does your pet have a history of vomiting, diarrhea, coughing or sneezing? _____

Has there been a change in your pet's urination or drinking? _____

Has your pet ever has seizures? _____

Has your pet had any previous surgeries? Please list procedures & dates. _____

How long have you owned your pet & where did you obtain him/her from? _____

What is the purpose of your animal? (show, breeding, pet, working) _____

Where do you keep your pet (indoors, outdoors, both)? _____

Do you have other pets? _____

Has your pet ever traveled outside of Michigan? If yes, where & when: _____

Additional Comments: