

Oncology: Medical History Form

Owner's Name *

First Name

Last Name

Email *

example@example.com

Patient Name

Species

Canine

Feline

Breed

Color

Sex

Male

Female

How long have you owned your pet?

Where is your pet housed?

Indoors

Outdoors

Both

Purpose of Animal

Pet

Show

Sport

Guard

Service

For intact females: When was her last heat cycle? (approx.)

For neutered/spayed pets: When was surgery performed? (approx.)

What is your pet's current diet? (Use brand names, please)

Does your pet have contact with other animals?

Yes

No

Has your pet ever traveled outside of southeastern Michigan?

Yes

No

If yes, where?

What medications is your pet currently receiving, including heartworm and flea preventative?

Has your pet had any adverse reactions to any medications?

Yes

No

If yes, which medications?

What illnesses, injuries or surgeries has your pet had prior to the current problem?

Is your pet currently coughing or sneezing?

Coughing

Sneezing

Has there been any recent changes in your pet's willingness to play or exercise?

Yes

No

Is your pet currently vomiting?

Yes

No

Has there been a recent change in your pet's appetite?

Yes

No

Has your pet lost or gained weight recently?

Loss

Gain

No Change

Has there been any recent change in your pet's bowel movements?

Yes

No

Has there been any recent change in your pet's urinary habits?

Yes

No

If yes, more or less?

More

Less

Have you noticed a change in the amount of water your pet drinks?

Yes

No

If yes, more or less?

More

Less

Other comments: